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ABSTRACT

This document is an application of the American Nurses' Association's (ANA's) "Standards of Clinical Nursing Practice" (1991) to the specialty of school nursing. It identifies specialty standards of practice for the school nurse subsumed under the standards of clinical practice which apply to all nurses. Chapter One focuses on the ANA standards for all clinical nurses. It discusses the relevance of the ANA standards to school nursing practice and presents new models of school health service delivery. Chapter Two looks at standards of school nursing and presents models of school nursing. Education for school nursing practice is examined and the evolution of the school nursing standards is traced. Chapter Three presents the National Association of School Nurses' (NASN) Standards of School Nursing Practice. The 10 standards are categorized under six role concepts: (1) Provider of Client Care (standards of clinical knowledge, nursing process, and clients with special health needs); (2) Communicator (standard of communication); (3) Planner and Coordinator of Client Care (standards of program management, collaboration within the school system, and collaboration with community health systems); (4) Client Teacher (standard of health education); (5) Investigator (standard of research); and (6) Role Within the Discipline of Nursing (standard of professional development). (Contains 117 references.) (NB)

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SCHOOL NURSING PRACTICE

ROLES AND STANDARDS

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with

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AFFIRMATION

The standards within this document have been accepted and were approved as, The National Association of School Nurses *Standards of School Nursing Practice,* at a meeting of the Board of Directors, NASN, October 1992.

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PREFACE

This document is an application of the American Nurses' Association's *Standards of Clinical Nursing Practice* (1991) to the specialty of school nursing. The National Association of School Nurses participated, together with other nursing specialties, in the deliberations leading to the synthesis that is the ANA clinical standards paper.

Thereafter, using NASN's most recent edition of the *Guidelines for a Model School Nursing Services Program* (1990), the authors modified the *Guidelines* to reflect the content and spirit of the ANA enterprise. Every attempt was made to retain the essence of the 1990 *Guidelines*, which fused eight ANA *Standards of School Nursing Practice* (1983) with two additional standards developed by a state school nurse education task force.

Inherent in this recent version of the *Guidelines* is the earlier contribution of Helen Weber, RN, of Nebraska, and her committee. Ms. Weber served as project coordinator for the original NASN effort to define clinical nursing practice within the schools. Their work was published as the 1981 edition of the *Guidelines for a Model School Nursing Services Program.*

This document, then, identifies specialty standards of practice for the school nurse subsumed under the standards of clinical practice which apply to all nurses. Further, this book focuses on role synthesis and role actualization. It is the belief of the authors that the latter cannot occur without the former.

Susan Proctor
Susan Lordi
Donna Zaiger

To the Reader

The use of the **second person** in Chapter Three of this work is designed to underscore the utility of the concepts discussed herein for use by the practicing school nurse, particularly the *new school nurse*.

Second-person writing, while not very common in scholarly publishing, was adopted to achieve the purpose of this undertaking–discussion of the school nurse role and the standards of the specialty – because of its facile application and expedient approach. But we wish to emphasize that our use of the second person implying "nurse" does *not* preclude the effective and informed use of this document by others interested in school nursing and school health.

S.P.
Placerville, CA

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APPRECIATION

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KEY TERMS

Definitions of KEY TERMS will assist in using this document. Most definitions are taken directly from the parent document, *Standards of Clinical Nursing Practice* (ANA, 1991b). Additions or modifications to an ANA definition are indicated by an underline: example. Deletions are indicated by an underline in brackets: [example].
Other definitions of interest are listed in the GLOSSARY in the appendix of this publication.

ASSESSMENT

A systematic, dynamic process by which the nurse, through interaction with the client, significant others, school personnel, health care and other community providers, collects and analyzes data about the client. Data may include the following dimensions: physical, psychological, sociocultural, spiritual, cognitive, functional abilities, developmental, economic, and life-style.
(Adapted from ANA, 1991b)

CASE MANAGEMENT

The coordination, organization, and monitoring of multiagency, interdisciplinary, or transdisciplinary services, for the purpose of facilitating and ensuring comprehensive, responsive care for the school client with special health needs, and, for the client's family.
(Adapted from Merrill, 1985; Wagner, 1987)

CLIENT

The recipient of nursing actions. When the client is an individual, the focus is on the health state, problems, or needs of a single person. When the client is a family or group, the focus is on the health state of the unit as a whole or the reciprocal effects of an individual's health state on the other members of the unit. When the client is a community, the focus is on personal and environmental health and the health risks of population groups. Nursing actions toward clients may be directed to disease or injury prevention, health promotion, health restoration, health maintenance, or wellness.
(Adapted from ANA, 1991b)

DIAGNOSIS

A clinical judgment about the client's response to actual or potential health conditions or needs. Diagnoses provide the basis for determination of a plan of care or the direction for program development in order to achieve expected outcomes.
(Adapted from ANA, 1991b)

EVALUATION

The process of determining both the client's progress toward the attainment of expected outcomes and the effectiveness of nursing care.
(ANA, 1991b)

HEALTH CARE PROVIDERS

Individuals with special expertise who provide health care services or assistance to clients. They may include nurses, physicians, dentists, dental hygienists, psychologists, counselors, social workers, nutritionists/dietitians, and various therapists. Providers also may include service organizations and vendors.
(Adapted from ANA, 1991b)

IMPLEMENTATION

This may include any or all of these activities: intervening, delegating, coordinating. The client, significant others, school personnel, health care or other community providers may be designated to implement interventions within the plan of care.
(Adapted from ANA, 1991b)

OUTCOMES

Measurable, expected, client-focused goals derived from the diagnoses.
(Adapted from ANA, 1991b)

PLAN OF CARE

An [comprehensive] outline of care or prescribed interventions to be delivered or implemented to attain expected outcomes.
(Adapted from ANA, 1991b)

SCHOOL NURSE

A licensed, professional nurse whose practice focuses on the health care needs of clients in the larger school community. The school nurse may practice in school-based, school-linked, or collaborative school health programs.
(Adapted from ANA, 1983)

SIGNIFICANT OTHERS

Family members and/or those significant to the client.
(ANA, 1991b)

Chapter One

ANA Standards of Clinical Nursing Practice

ANA MISSION

In 1989, the American Nurses' Association convened a task force whose efforts were to be based on the following charge:

In view of current health care quality assurance activities, define the nature and purpose of standards of practice for nursing and the relationship of quality assurance activities and standards of practice to specialization in nursing practice, credentialing, and implications for nursing information systems. (ANA, 1991b, p. v).

In 1990, in response to this charge, the ANA Task Force became the Standing Committee on Nursing Practice and Guidelines, which in collaboration with the nursing specialty organizations group, N.O.L.F. (Nursing Organization Liaison Forum), developed standards generic to all nurses engaged in clinical practice. The National Association of School Nurses participated in the development of the standards as a N.O.L.F. organization, and was represented throughout by Donna Zaiger, R.N., of Missouri.

DESCRIPTION OF THE STANDARDS OF CLINICAL NURSING PRACTICE

The ANA Standing Committee provides us with the following description of a *standard*:

Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable. Consequently, standards reflect the values and priorities of the profession. Standards provide direction for professional nursing practice. Written in measurable terms, standards also define the nursing profession's accountability to the public and the client outcomes for which nurses are responsible. (ANA, 1991b, p. 1).

The ANA *Standards of Clinical Nursing Practice* thus form the basis of accountability for all nurses. Specialty groups develop specific criteria in addition to these standards, which further define expectations for the specific role or area in which they are engaged. This book is the product of the application of the American Nurses' Association's *Standards of Clinical Nursing Practice* to the specialty of school nursing.

DESCRIPTION OF THE "STANDARDS OF CARE"

Standards of Clinical Nursing Practice are statements which include "Standards of Care" and "Standards of Professional Performance." "'Standards of Care' describe a competent level of nursing care . . . . " (ANA, 1991b, p. 2) and encompass the Nursing Process which is the foundation for the practice of nursing. The "Standards of Care" are authoritative statements with accompanying measurement criteria addressing each of the following entities:

- Assessment
- Diagnosis
- Outcome Identification
- Planning
- Implementation
- Evaluation

"The 'Standards of Care' delineate care that is provided to all clients of nursing services" (ANA, 1991b, p. 3).

DESCRIPTION OF THE "STANDARDS OF PROFESSIONAL PERFORMANCE"

" 'Standards of Professional Performance' are authoritative statements with accompanying measurement criteria which describe a competent level of behavior in the professional role . . " (ANA, 1991b, p. 3). These standards describe attributes that are integral to the role of the nurse regardless of specialty or practice setting. Indeed, the "Standard of Care" could not be maintained without the concomitant behaviors included in the "Standards of Professional Performance." These standards address the following entities:

- Quality of Care
- Performance Appraisal
- Education
- Collegiality
- Ethics
- Collaboration
- Research
- Resource Utilization

THE RELEVANCE OF THE ANA STANDARDS TO SCHOOL NURSING PRACTICE

For the nurse practicing in school-based, school-linked, or collaborative school health programs, the *Standards of Clinical Nursing Practice* assume a particular significance. School nurses work most often in isolation and rely upon non-nurse administrators for evaluation. The "Standards of Care" cannot be evaluated by a non-nurse administrator who does not possess the education and experience required for clinical decision-making. Conversely, behaviors included in the "Standards of Professional Performance" provide measurable criteria, constructive evaluative processes in the school setting, which may be utilized by non-nurse administrators.

As outlined in the charge to the Standing Committee that developed the *Standards*, organized nursing must demonstrate to its pub-

lics that the quality of nursing care is measurable and that nursing interventions meet quality assurance objectives. This has long been the dilemma of school nursing practice. The eternal question begs for an answer: How do we measure prevention outcomes? How do we design a data base that qualifies and quantifies school nursing actions? The format of these universal nursing standards contains outcome or **measurement criteria** that include key indicators of nursing practice and reflect the theoretical framework and current knowledge in the field. Measurement criteria allow qualification and quantification of practice, but also change as knowledge changes. Measurement criteria differ within nursing specialty areas.

Thus, the actual standards statements from the *Standards of Clinical Nursing Practice* are presented in their entirety in this publication whenever they undergird the school nursing Standard exemplar. The **measurement criteria** cited within the *Standards of Clinical Nursing Practice* are infused throughout the discussions and are applied and expanded by additional criteria specific to school nursing practice.

NEW MODELS OF SCHOOL HEALTH SERVICE DELIVERY

As the school nurse role expands to accommodate the multiple needs of a more diverse client population, so does the vision of "one-stop shopping." "One-stop shopping" is a colloquial term for a collaborative model of the delivery of health and human services *within the school setting* to a larger community, a community which includes, but extends beyond, the immediate school population. School nurses, school nurse administrators, school nurse practitioners, pediatric nurse practitioners, family nurse practitioners, and community health nurses who identify themselves as school nurses currently practice in the schools and subscribe to the *Standards of School Nursing Practice* (ANA, 1983), although their scope of practice differs. The future may bring other mid-level practitioners such as adult, obstetric-gynecologic, gerontological, or psychiatric-mental health nurse practitioners into this setting. The *Standards of Clinical Nursing Practice* provide the common denominator for quality assurance, data bases, reimbursement and financing systems, development and evaluation of service delivery, and, as appropriate, shared policies, procedures and protocols for these multiple specialties practicing in schools or school-based, school-linked, or collaborative programs.

The American Nurses' Association Standards of Clinical Nursing Practice

Measurement criteria for each standard are not included below. See *Standards of Clinical Nursing Practice* (ANA, 1991b) for the full text and discussion of the ANA standards, including the *measurement criteria.*

ANA STANDARDS OF CARE

Standard I: Assessment
THE NURSE COLLECTS CLIENT HEALTH DATA.

Standard II: Diagnosis
THE NURSE ANALYZES THE ASSESSMENT IN DETERMINING DIAGNOSES.

Standard III: Outcome Identification
THE NURSE IDENTIFIES EXPECTED OUTCOMES INDIVIDUALIZED TO THE CLIENT.

Standard IV: Planning
THE NURSE DEVELOPS A PLAN OF CARE THAT PRESCRIBES INTERVENTIONS TO ATTAIN EXPECTED OUTCOMES.

Standard V: Implementation
THE NURSE IMPLEMENTS THE INTERVENTIONS IDENTIFIED IN THE PLAN OF CARE.

Standard VI: Evaluation
THE NURSE EVALUATES THE CLIENT'S PROGRESS TOWARD ATTAINMENT OF OUTCOMES.

ANA STANDARDS OF PROFESSIONAL PERFORMANCE

Standard I: Quality of Care
THE NURSE SYSTEMATICALLY EVALUATES THE QUALITY AND EFFECTIVENESS OF NURSING PRACTICE.

Standard II: Performance Appraisal
THE NURSE EVALUATES HIS/HER OWN NURSING PRACTICE IN RELATION TO PROFESSIONAL PRACTICE STANDARDS AND RELEVANT STATUTES AND REGULATIONS.

Standard III: Education
THE NURSE ACQUIRES AND MAINTAINS CURRENT KNOWLEDGE IN NURSING PRACTICE.

Standard IV: Collegiality
THE NURSE CONTRIBUTES TO THE PROFESSIONAL DEVELOPMENT OF PEERS, COLLEAGUES, AND OTHERS.

Standard V: Ethics
THE NURSE'S DECISIONS AND ACTIONS ON BEHALF OF CLIENTS ARE DETERMINED IN AN ETHICAL MANNER.

Standard VI: Collaboration
THE NURSE COLLABORATES WITH THE CLIENT, SIGNIFICANT OTHERS, AND HEALTH CARE PROVIDERS IN PROVIDING CLIENT CARE.

Standard VII: Research
THE NURSE USES RESEARCH FINDINGS IN PRACTICE.

Standard VIII: Resource Utilization
THE NURSE CONSIDERS FACTORS RELATED TO SAFETY, EFFECTIVENESS, AND COST IN PLANNING AND DELIVERING CLIENT CARE.

CHAPTER TWO

A FRAMEWORK FOR SCHOOL NURSING PRACTICE

TOWARD STANDARDS OF SCHOOL NURSING

Chapter One considered the American Nurses Association's *Standards of Clinical Nursing Practice.* Chapter Two explores some definitional and philosophical issues of school nursing and provides a *conceptual framework* for the role of the school nurse. Chapter Three will present *ten specialty standards* of school nursing practice, each reflective of several of the ANA *Standards* and their accompanying *measurement criteria.* The ten standards of school nursing practice constitute a widely accepted role consensus and scope of practice for contemporary school nursing and are referred to as the National Association of School Nurses (NASN) "Standards of School Nursing Practice."

THE ESSENCE OF SCHOOL NURSING

School nursing, as a **specialty branch of professional nursing**: (1) seeks to prevent or identify client health or health-related problems [primary and secondary prevention]; and (2) intervenes to modify or remediate these problems [secondary and tertiary prevention] (NASN, 1988). These purposes are accomplished through the provision or facilitation of health services and health education in, or as part of, the school. In so doing, school nursing contributes directly to the student's education, as well as to the health of the family and the community. In the United States, school nurses practice in, or in conjunction with, public and private school systems of tremendous enrollment variation, ranging from schools of only a few dozen enrollees to vast organizational systems of close to one million students.

School nursing delivers services to students of all ages from birth through age 21 and serves students, families and the school community in regular education, in special education, and in other educational arenas. With the emphasis on children and adolescents, school nursing is considered by many to be a specialized area of practice within **pediatric nursing** (Whaley and Wong, 1991). Nurses practicing in both generalized and specialized areas of pediatric nursing, such as pediatric home care, pediatric rehabilitation, child and adolescent psychiatric/mental heath roles, as pediatric nurse practitioners or adolescent health care specialists, have wide areas of their scope of practice in common with the school nurse.

School nursing is also a **generalist** area of nursing, drawing from a variety of other clinical areas, including adult psychiatric/mental health, emergency, and critical care nursing. School nurses working with pregnant and parenting teens share scopes of practice with maternity nurses, OB/GYN nurse practitioners, childbirth educators, and lactation nurse specialists.

Within this document, school nursing is presented as a specialized focus within **community health nursing.** As such, it is community-based and community-focused, with the school community the center of interest and the recipient of nursing services. School nursing is particularly related to two other community health nursing subspecialties, public health nursing and occupational nursing (Stanhope and Lancaster, 1992). Many of the same issues and clients are the concern of both the public health nurse and the school nurse. *Public health nursing* directs nursing actions toward *high-risk* individuals and groups within its jurisdiction with emphasis on health promotion, disease prevention, and health maintenance (APHA, 1981). Public health nursing is particularly involved with the health of families, especially mothers and children, and with the health of the communities in which these individuals reside. Such foci and domains are also the purview of the school nurse. The role of the Community (public) Health Nurse Specialist working with school-age youth has been articulately described by Igoe (1987).

School nursing also shares domains with *occupational nursing.* The occupational nurse promotes the health and well-being of the occupational community and is concerned with the health of the work environment. The school nurse, as the health professional in the school, promotes the health of the school staff and of the school environment.

The school nurse, as a community nurse, functions in the school as a community health professional providing and accessing services for clients, setting professional goals for self, and participating in cooperative school-community health planning (Snyder, 1991). School nursing has several traits that *collectively* differentiate it from nursing practice in acute and/or extended care settings:

•CLIENT

A. School nursing delivers care to the **individual** student as client, particularly to the individual "at risk," or considered vulnerable.

B. School nursing delivers care to a "plurality of persons" (Schultz, 1991), to "populations," or to **"aggregates"** (Williams, 1992), as well as to individuals. Any of these terms refer to a

number of individuals sharing a common characteristic, such as a risk factor, and identified as a target group for intervention on the basis of epidemiologic studies. In school nursing, populations may be groups of students, parents, or caretakers, school staff or community members.

C. School nursing intervenes with the **family**, as client, in order to mobilize care for the student as client.

D. School nursing involves working with individuals or groups in the **community** to facilitate care between the client and the provider and to bring about change for the populations that are the foci of school nursing practice.

• FOCUS

E. School nursing focuses on encouraging client **adaptive responses** which engender health **maintenance**, health **promotion**, and the **prevention** of maladaptive responses, illness, and injury. These foci are as much an emphasis of practice as is illness curing and health restoration.

F. School nursing focuses on the **interface** between the **health** status of its "plurality of persons," particularly students, and the living **environment** (physical, biological, and socio-cultural) (Williams, 1991).

•SETTING

G. School nursing delivers care in (a) **non-health care** delivery **setting**(s).

•CHARACTERISTICS

H. School nursing is **mobile**: care is delivered in the school setting, in homes, and in other community arenas.

I. School nursing is **independent**, often necessitating that the nurse organize and deliver services without the involvement of other health care professionals, and in an order and manner determined by professional nursing judgment.

J. School nursing is **collaborative**, calling for joint intervention by the nurse together with other school professionals and staff to facilitate the meeting of educational and health objectives for clients.

K. School nursing may involve **long-term** goal-setting, planning, and intervention for change, necessitating nurse involvement with clients (students, families, staff, and the school community) for months or years.

CONTEMPORARY MODELS OF SCHOOL NURSING

As the school nurse role expands to accommodate the multiple needs of a more diverse client population and the changing methods of delivering and financing of health care, so does the vision of school nursing as a specialty. Contemporary school nursing has at least three *different, but frequently overlapping*, roles: the **generalist clinician role**, the **primary care role**, and the **management role**. Commonly, two, and occasionally all three, of these roles are part of the practice of an individual nurse. They are presented here, separately, to underscore the complexity and diversity of contemporary school nursing practice. Additionally, many school nurses function as health educators or health counselors, two roles which, arguably, could also be seen as distinct foci. Snyder, in fact, sees the future of school nursing as one of management, supervision, teaching, and consultation (Snyder, 1991, p. 52). Within the context of this discussion and this document, however, the role of the school nurse as *health educator* and as *health counselor* will be viewed as integral and essential to the three roles presented and will *not* be considered as separate.

The **generalist clinician role**, currently practiced by most school nurses in the United States, is that of a licensed professional nurse delivering both health services (including counseling) and health education, to school clients and families. In this capacity, the nursing role and the provision of health services are integrated into the basic functioning of the school. This role is one in which the nurse is employed directly by the school or the school district, or by another government entity such as a county office of education or a county health department. As such, the nurse is an integral part of the school day and the school community. The nurse's office is located within the school and services are provided, typically, during school hours. The nurse knows the faculty members, the school administration, and the families, and this "insider" position facilitates knowledgeable and appropriate intervention and referrals.

The importance of this approach to the school delivery of health services has grown in recent years with the inclusion of more students in programs serving disabled or disadvantaged students, an increase in the numbers of children with acute or chronic health problems necessitating specialized care and monitoring, and the emergence or recurrence of communicable diseases, such as AIDS,

hepatitis, and tuberculosis. Nurses participate in identifying appropriate educational placement for children with health needs and assist schools in developing and implementing appropriate policy. Additionally, school districts increasingly seek nursing assistance in serving children and families with special health needs, such as those who may be medically fragile or technologically dependent (Igoe and Speer, 1992).

As new health care plans emanate from the federal government, there is a tendency by some to consider the generalist clinician role obsolete. Nothing could be further from the truth. Replacement of the generalist clinician role with a primary care role in which the nurse does not hold the "insider" position results in loss to the student, family, and the school. Knowledge of the internal workings of the educational system, of the terminology used, the programs and curricula offered, and of the "pulse" and "rhythm" of the school day are critical elements in integrating health care into appropriate education for students. School administrators have grown to expect that nurses practicing within their educational jurisdictions *will be prepared to practice nursing in an educational setting* connoting familiarity with the functions of the school and comfort in being part of educational team and its faculty. Further, nurses in the generalist clinician role regard the school and the community as their venue for practice. These professionals draw upon appropriate resources to assist the student and family, but with a philosophy that espouses *accessing health for the purpose of furthering the educational process.* Future roles for nurses as school primary care providers should seriously consider these issues, and identify means to best achieve the goals of optimal education *and* optimal health, simultaneously.

The **primary care role** has evolved since the passage of the federal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program in the 1970s, as well as the establishment of nurse practitioner programs in the 1960s. In this capacity, school nurses, as nurse practitioners, practicing under physician-approved protocols and standardized procedures, diagnose and treat health problems. As treatment providers, school districts may be eligible for fiscal reimbursement, either through a particular state's Medicaid system, or through a private health care insurer. The primary care role for school nurses, a part of school health services in some locales for years, has drawn considerable interest since the advent of school-based clinics, school-linked services, and collaborative, community-based services.

"Primary care" is used interchangeably with "primary health care" by many authors. In fact, the two are different. A discussion of primary care versus primary health care may be found in Standards 7 and 10. *Primary care* refers to the first-line provision of health services, in this case, with the school rather than a clinic, physician's office, or hospital as the setting for care delivery. Primary care in the school provides a mechanism for the child to be assessed and health care management prescribed in a setting where the child is *already* present. The availability of care on site is particularly effective for many common acute and chronic illnesses of childhood and adolescence. School primary care sources also perform routine school entrance and athletics-related physical examinations.

Health problems which are less common or necessitate further evaluation are identified and referrals made to appropriate community health care providers. A big advantage of the use of primary care in school settings is to provide those children with little or no health insurance a source of prescriptive health care. Additionally, those children whose parents or guardians are unable to transport their children for care to community providers are not left to languish without appropriate intervention. It seems reasonable to assume that this method of health care delivery will result in fewer student days lost at school and better, more timely referrals to community health care providers. *Primary health care* is described in detail in Chapter Three, Standard 7.

The **management role** is one to which school nurses have been accustomed. Much of everyday nursing practice is management, management of screening or health education programs, or case management for individual clients and families. Indeed, undergraduate nursing education curricula have included content and practice in leadership and management for nursing students for at least two decades.

Many staff-level school nurses have recently transited to a more formalized management role, however. In districts with more than one nurse, this role is *distinct* from that of the Health Services Coordinator, the individual supervising all nursing personnel (and often, other special services personnel), and overseeing the school health program, district wide. Rather, in response to new programs and new funding sources, staff level school nurses are assuming the responsibility for a

wider scope of practice, that of managing personnel and services earmarked for a particular purpose. Most function in the role of *health program coordinator*, managing programs such as drug and alcohol education, anti-smoking education, programs which identify and assist at-risk students, or others. Many are also supervising paraprofessionals. These "categorical programs" often carry with them requisites for fiscal and client outcome accountability as well.

School nurses as managers of health or health-related programs may or may not hold additional certification from their state as school administrators. Within many states, formal management responsibility is assumed under the scope of practice of the state's Nurse Practice Act, the state certification requirements for school nurse practice, or both. The National Association of School Nurses, the American Nurses' Association, and the American School Health Association have long recognized the importance of *formalized* health management function by nurses within school districts and have urged both nurses and school districts to utilize nursing staff in this capacity (NASN, 1981; ANA, 1983; Snyder, 1991). The Association of Community Health Nursing Educators describes as *essential*, the preparation of community health nurses at the baccalaureate level in introductory leadership and management, and at the master's level in program, personnel, and financial management (ACHNE, 1990; 1991). As health care professionals, nurses are ideal candidates to be health program coordinators.

The transit to "managed care" proposed under federal health care reform plans will result in a yet unknown impact upon school nursing. *Managed care* refers to a variety of health care financing, administrative, and delivery arrangements, but, most commonly, suggests a system in which payment to providers for health services is prospective or "up front," transacted *before* client care is delivered. Such a system compels providers to be more efficient so as not to exceed the dollar amount paid to them: a profit is made if costs are less than expected, a loss, if costs exceed the reimbursement. Additionally, prescribed services must often be pre-approved by a panel of "gatekeepers" as an additional incentive to cost containment (Hughes, 1993). Schools, as Medicaid-eligible providers, may well be affected by the coming of managed care. The implications for schools are not yet clear. However, it is reasonable to assume that school districts would, in wisdom, utilize school nurses as case or program managers for school-based managed care services (Snyder, 1991).

EDUCATION FOR SCHOOL NURSING PRACTICE

The comprehensive scope of practice thus far described demands appropriate educational preparation to enable nurses to effectively actualize their roles and to meet the contemporary health needs of clients in our multicultural society (CTC, 1989). Indeed, "the health of tomorrow's adults may well depend upon the outcome of their [nurses'] efforts" (Wold, 1981). Many states are moving toward recognition of the need for specialty preparation for nurses who practice in school settings. Indeed, twenty-three of fifty states at present require specialized readiness for the practice of nursing in the schools (Igoe and Speer, 1992; NASN, 1992b). Nursing preparation at the baccalaureate level should be the *minimal* educational background for school nurse practice(Snyder, 1991). Recently, school nurse and public health nursing leaders have identified the need for master's level preparation for school nursing practice (ACHNE, 1991; S.L. Lordi, personal communication, May 12, 1992). Many school nurses are seeking educational programs which will prepare them as nurse practitioners, while others are obtaining certification as school administrators. A few states require that the nurse also be certificated as a teacher as a requisite to becoming a school nurse. It is important that institutions of higher education appreciate the wisdom of preparing nurses for school nursing practice within master's degrees programs that subscribe to a wide scope of practice. Such curricular diversity should consider any state school nurse certification requirements, the need for nurse practitioner preparation, and the provision of program management skills within a conceptual framework of community health nursing and primary health care.

THE EVOLUTION OF THE SCHOOL NURSING STANDARDS

The ten NASN standards, presented in Chapter Three, have their genesis in the work of two groups of school nurse professionals. The first was an ANA-sponsored task force which authored the original *Standards of School Nursing Practice* in 1983. It was composed of representation from the American Nurses' Association's Division on Community Health Nursing Practice, the American Nurses' Association's Division of Maternal and Child Health Nursing Practice, the American Public Health Association's Public

Health Nursing Section, the American School Health Association, the National Association of Pediatric Nurse Associates and Practitioners, the National Association of School Nurses, and the National Association of State School Nurse Consultants. Eight of the ten NASN Standards are derived from the hallmark document which was a product of this group (ANA, 1983). An excellent implementation guide for the original eight ANA Standards has recently been developed (Snyder, 1991).

The remaining two NASN standards were originated by a state task force developing state educational standards for professional preparation as a school nurse (CTC, 1989). In addition to writing two new standards, this group modified the language of the original eight *Standards of School Nursing Practice* (ANA, 1983) and nested the now ten standards within a framework of six nursing role concepts conceived by the Western Interstate Commission on Higher Education (WICHE, 1985). The content of Chapter Three was originally published by NASN (Proctor, 1990) and much of the text is therefore the same. What is different is the consideration of the ANA *Standards of Clinical Nursing Practice* and their infusion into the format of each standard. The following table lists the NASN Standards contained in Chapter Three and their original sources.

Figure 1

SOURCES OF THE NASN STANDARDS:
RELATIONSHIP OF STANDARDS TO ORIGINAL SOURCES

NASN STANDARD	ORIGINAL SOURCE OF STANDARD
PROVIDER OF CLIENT CARE	
NASN 1	Adapted from ANA St. I (ANA, 1983)
NASN 2	Adapted from ANA St. III
NASN 3	CTC St. 22 (CTC, 1989)
COMMUNICATOR	
NASN 4	CTC St. 29
PLANNER & COORDINATOR OF CLIENT CARE	
NASN 5	ANA St. II
NASN 6	Adapted from ANA St. IV
NASN 7	Adapted from ANA St. VII
CLIENT TEACHER	
NASN 8	Adapted from ANA St. V
INVESTIGATOR	
NASN 9	Adapted from ANA St. VIII
ROLE WITHIN THE DISCIPLINE OF NURSING	
NASN 10	Adapted from ANA St. VI

ANA = American Nurses' Association CTC = California Commission on Teacher Credentialing

ROLE CONCEPTS

This document will facilitate an understanding of school nursing and its role in contemporary schools. This work employs **six** overall role concepts taken from *The Preparation and Utilization of New Nursing Graduates* (WICHE, 1985) and described in the following discussion. The role concepts serve as conceptual umbrellas for the **ten** specialty standards of practice around which a nurse may define a role and design a school nursing program in (a) school(s) or (a) school district(s).

The six role concepts used as conceptual frameworks for the school nursing role are:

• PROVIDER OF CLIENT CARE

The three standards constituting this role concept focus largely on the provision of direct clinical nursing services to students, families and/or staff as client. They describe a body of clinical knowledge fundamental for school nursing practice and frame the delivery of services within a nursing process context.

Clinical Knowledge - Standard 1
Nursing Process - Standard 2
Clients with Special Health Needs - Standard 3

• COMMUNICATOR

The standard within this role concept promotes interpersonal communication as a skill applicable to all facets of the school nursing role and essential for successful community nursing practice.

Communication - Standard 4

• PLANNER AND COORDINATOR OF CLIENT CARE

The three standards making up this role concept focus on processes that compliment and extend the delivery of nursing services to individual students and families. These processes examine larger contexts of practice such as community liaisoning and networking, programming, school interdisciplinary collaborations, and political influencing. The standards within this role concept facilitate the delivery of services through coordination and management, and further characterize school nursing as community nursing.

Program Management - Standard 5
School Collaboration - Standard 6
Community Collaboration - Standard 7

• CLIENT TEACHER

The standard subsumed within this role concept addresses education for health behavior change with the nurse as educator. The recipients of health education may be students in the classroom, students individually, school staff, families, and members of the community.

Health Education - Standard 8

• INVESTIGATOR

The standard within this role concept challenges school nurses to study phenomena within the school setting, and to share the findings with others, both formally and informally.

Research - Standard 9

• WITHIN THE DISCIPLINE OF NURSING

The standard within this role concept includes issues of role delineation, communication and augmentation. It also examines professional practice issues particular to nursing in the schools and encourages excellence in practice through evaluation of nursing practice and continued professional growth.

Professional Development - Standard 10

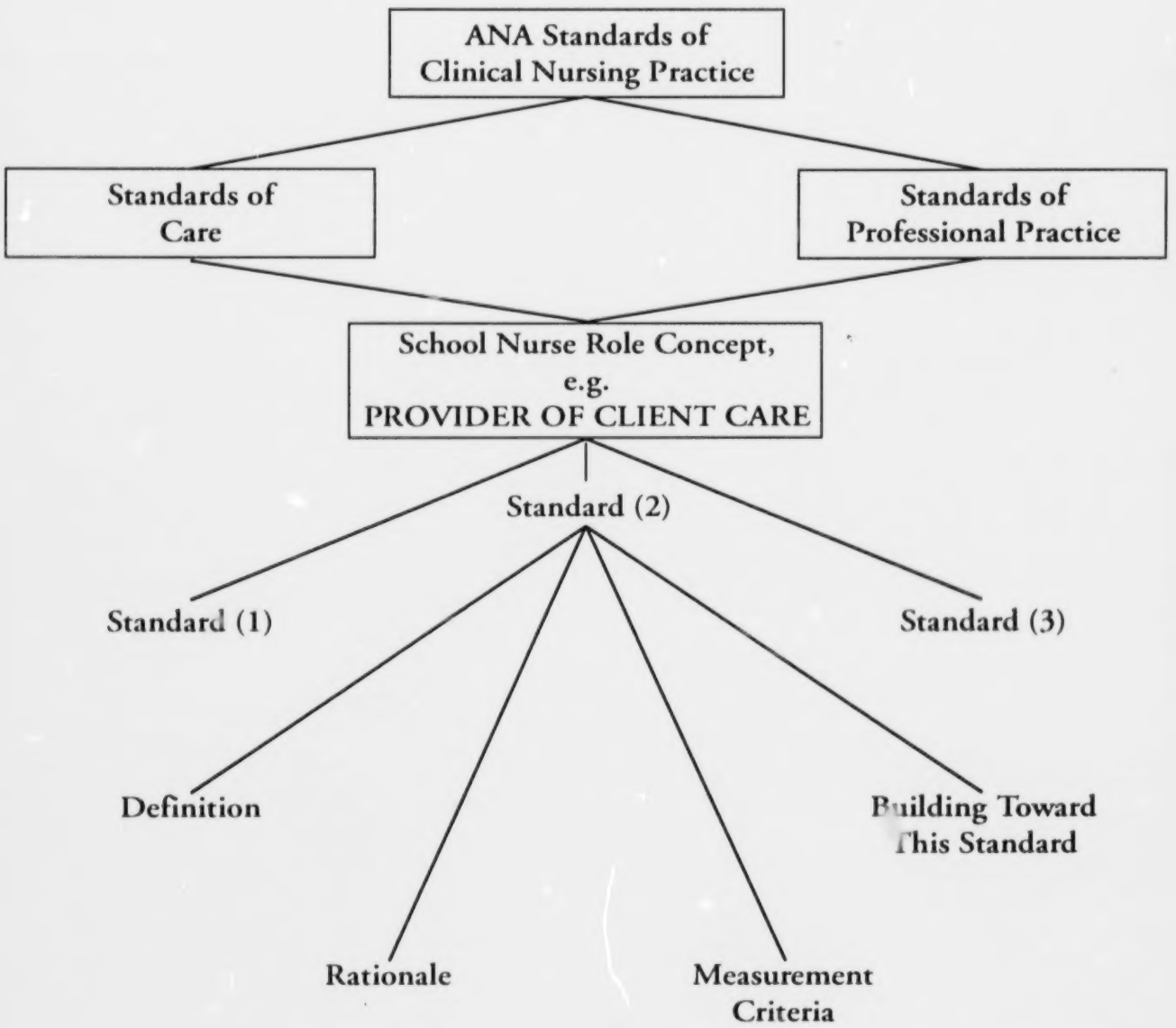
THE FORMAT OF THE SCHOOL NURSING STANDARDS

At the beginning of each of the ten school nurse standards in Chapter Three are two **graphics**. One is a table, identifying the ANA "Standards of Care" and "Standards of Professional Performance" to which the particular specialty standard under consideration applies. *The reader should recognize that any given specialty standard reflects all of the "Standards of Care" and "Standards of Professional Performance."* The table however, identifies only those of obvious relevance. The other is an umbrella. The umbrella symbolizes one of the six role concepts used as a framework for Chapter Three. Under each umbrella is (are) the school nurse standard(s) included in that role concept.

Within the text of each standard may be found: (1) a working **definition** of the *main theme of* the standard, such as "Clinical Knowledge" (Standard 1); (2) **rationale** for the standard; (3) **criteria** to measure if the standard has been met; (4) and last, suggestions for **achieving the standard** in the work setting. Figure 2 illustrates the format of each standard as presented in Chapter Three.

Figure 2

RELATIONSHIP OF SCHOOL NURSE STANDARDS TO A ROLE CONCEPT AND TO THE ANA *STANDARDS OF CLINICAL NURSING PRACTICE.*



CHAPTER THREE

STANDARDS OF SCHOOL NURSING PRACTICE

ROLE CONCEPT I
PROVIDER OF CLIENT CARE

NASN STANDARD 1:
CLINICAL KNOWLEDGE

The school nurse utilizes a distinct knowledge base for decision-making in nursing practice.

NASN STANDARD 2:
NURSING PROCESS

The school nurse uses a systematic approach to problem-solving in nursing practice.

NASN STANDARD 3:
CLIENTS WITH SPECIAL HEALTH NEEDS

The school nurse contributes to the education of the client with special health needs by assessing the client, planning and providing appropriate nursing care, and evaluating the identified outcomes of care.

ROLE CONCEPT II
COMMUNICATOR

NASN STANDARD 4:
COMMUNICATION

The school nurse uses effective written, verbal, and nonverbal communication skills.

ROLE CONCEPT III
PLANNER AND COORDINATOR OF CLIENT CARE

NASN STANDARD 5:
PROGRAM MANAGEMENT

The school nurse establishes and maintains a comprehensive school health program.

NASN STANDARD 6:
COLLABORATION WITHIN THE SCHOOL SYSTEM

The school nurse collaborates with other school professionals, parents, and caregivers to meet the health, developmental, and educational needs of clients.

NASN STANDARD 7:
COLLABORATION WITH COMMUNITY HEALTH SYSTEMS

The school nurse collaborates with members of the community in the delivery of health and social services, and utilizes knowledge of community health systems and resources to function as a school-community liaison.

ROLE CONCEPT IV
CLIENT TEACHER

NASN STANDARD 8:
HEALTH EDUCATION

The school nurse assists students, families, and the school community to achieve optimal levels of wellness through appropriately designed and delivered health education.

ROLE CONCEPT V
INVESTIGATOR

NASN STANDARD 9:
RESEARCH

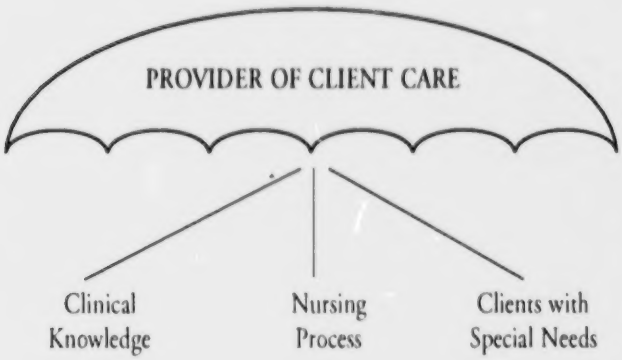
The school nurse contributes to nursing and school health through innovations in practice and participation in research or research-related activities.

ROLE CONCEPT VI
ROLE WITHIN THE DISCIPLINE OF NURSING

NASN STANDARD 10:
PROFESSIONAL DEVELOPMENT

The school nurse identifies, delineates, and clarifies the nursing role, promotes quality of care, pursues continued professional enhancement, and demonstrates professional conduct.

NASN Standard 1
Clinical Knowledge



1	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VIII. Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

(ANA, 1991b)

1. The School Nurse Utilizes a Distinct Clinical Knowledge Base for Decision-Making in Nursing Practice

CENTRAL THEME DEFINITION

Clinical knowledge refers to formally tested theories from nursing and related disciplines, as well as to the distinct clinical knowledge and skill required for school nursing practice.

RATIONALE

School nursing is a specialized area of nursing which utilizes new knowledge and concepts, as well as applying earlier knowledge acquired from basic nursing preparation, advanced educational programs, and clinical experience. School nurses draw upon a theoretical foundation in their practice and incorporate both new and prior knowledge and skill to make appropriate decisions in the delivery of health care.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Apply theories from nursing and the physical, behavioral, public health or social sciences to school nursing practice. Theories that have wide-spread application to school nursing and can be of assistance to the nurse in working within, influencing, and understanding the school setting are:

- Adaption Theory*
- Caring Theory*
- Change Theory*
- Community Organization Theory
- Crisis Theory
- Cultural Care Theory*
- Developmental Theory
- Epidemiologic Theory
- Family Systems Model*
- Goal Attainment Theory*
- Group Theory
- Hierarchy of Needs Theory
- Interpersonal Communication Theory*
- Management Theory
- Maternal Role Attainment Theory*
- Parent-Child Interaction Theory*
- Role Theory
- Self Care Deficit Theory*
- Social Learning Theory
- Social Support Theory
- Stress and Coping Theory
- Systems Model Theory*
- Systems Theory
- Wellness-Illness Theory

* Nursing Theories (Marriner-Tomey, 1989)

The aforementioned theories have clear application for the role concept "Provider of Client Care," but are also useful in relation to other role concepts presented within this chapter.

B. Have contemporary knowledge of all of the following clinical areas:

- The physical and psychosocial development of infants, toddlers, preschoolers, school-aged children, and adolescents.
- The pathophysiology, signs, symptoms, treatment, and nursing management in the school setting of common acute and chronic physical conditions of childhood and adolescence.
- The epidemiology and nursing management of child and adolescent injuries.
- The epidemiology, treatment, and nursing management of infectious/communicable diseases of childhood and adolescence. This shall include knowledge of sexually transmitted diseases, including acquired immune deficiency syndrome.
- The technique of physical assessment, discerning deviations from normal, with particular emphasis on the appraisal of vision and hearing, the detection of musculoskeletal condition including scoliosis, the assessment of the middle ear, and the detection of dental, cardiovascular, respiratory, neurological, and growth or developmental irregularities.
- The pharmacology of commonly used pediatric medications.
- Normal pediatric nutritional standards and the signs and symptoms of nutritional deficiency and eating disorders.
- Emotional and behavioral disorders of childhood and adolescence, including depression and suicide.
- Learning disorders of childhood and adolescence, including developmental delay and attention deficit disorder.

- Common disorders of speech and language.
- The etiology of, and nursing role with, child abuse and neglect.
- The etiology of, and nursing role with, the chronically dysfunctional family.
- Adolescent pregnancy, childbearing, parenting, and pregnancy-prevention approaches.
- Childhood and adolescent substance abuse.
- Poverty and racism and their effects on child development and child health.
- Domestic and societal violence and their effects on child development and child health.
- The unique health problems and major practices of American racial, ethnic, and cultural groups.
- Racial, ethnic, and cultural norms, beliefs, attitudes, and values, with particular regard to child rearing, health care and sex roles.
- Environmental health issues in the school setting.

BUILDING TOWARD THIS STANDARD

After reading the preceding expectations for practice, decide what you need to know and how you will acquire the information. School nursing builds upon basic knowledge and skill. It also necessitates the acquisition of new knowledge and skill to implement new programs successfully and to actualize the role of the school nurse. Ways to review past learning or acquire new learning include:

- **Workshops, seminars, conferences**

These are frequently most helpful to both the neophyte and the experienced school nurse. Request placement on the mailing list for professional organizations concerned with school nursing, school health, community health nursing, etc. so you can receive information about pertinent continuing education activities. If none are offered, suggest that they be offered. Becoming a member of selected professional organizations automatically ensures contact with many continuing education activities. For example, NASN has offered seed workshops throughout the country over the past several years in areas such as general physical assessment, neuromaturational assessment, and the IEP (individualized educational program) process.

- **Articles, research, and programmed learning in professional journals**

Review professional journals concerned with school nursing, school health, and pediatric and adolescent health care, as well as issues related to nursing at large. Particularly helpful are the *Journal of School Nursing*, published by the National Association of School Nurses, *The Journal of School Health*, published by the American School Health Association, and the *Journal of Pediatric Health Care*, published by the National Association of Pediatric Nurse Associates and Practitioners. Also of benefit are *Public Health Nursing*, published by Blackwell Scientific Publications, *Pediatrics*, published by the American Academy of Pediatrics, *Pediatric Clinics of North America*, and publications of the Association for the Care of Children's Health. If you have a special interest in adolescents, you may find *Family Planning Perspectives* and *The Journal of Adolescent Health Care* useful. There are several wellness publications available, one of which is the *Berkeley Wellness Newsletter*. Subscribe to one or two and ask your district to subscribe to others.

- **Nursing textbooks and texts from related disciplines**

Contemporary nursing textbooks are excellent. Visit a college or university bookstore and scan shelf selections for new pediatric nursing, community nursing texts, etc. Used texts are often available. *A Manual of School Health* (Lewis and Thomson, 1986) is a most useful reference book, particularly for the beginning school nurse. Susan Wold's classic book, *School Nursing: A Framework for Practice*, has been reissued in its original form by Sunrise River Press (Wold, 1981).

- **Classes or courses**

Enroll in classes or courses when you want a more comprehensive picture than can be gained from a seminar or a workshop. Request placement on the mailing list for continuing education or extension courses offered by local colleges or universities.

- **Certificate or degree programs**

Your school nursing practice will be *most* favorably enhanced by enrollment in degree or certificating programs. Twenty-three states have academic requirements for state school nurse certification (NASN, 1992b). When combined with degrees (bachelor's, master's or doctoral), these provide a greater breadth of knowledge and more efficiently educate the school nurse. Other certification (e.g., nurse practitioner, adolescent health care specialist) will expand your knowledge base and

scope of practice. As a general rule, advanced education is affirming, consciousness-raising, and confidence-building. If programs are unavailable or suffer from a poor reputation, work for their establishment or improvement. Inquire about scholarships and other financial aid if help with funding is needed.

NASN Standard 2
Nursing Process

2	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
II. Performance Appraisal: The nurse evaluates own nursing practice in relation to professional practice standards and relevant statutes and regulations.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
IV. Collegiality: The nurse contributes to the professional development of peers, colleagues, and others.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VI. Collaboration: The nurse collaborates with the client, significant others, and health care providers in providing client care.
VII. Research: The nurse uses research findings in practice.
VIII. Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

(ANA, 1991b)

2. The School Nurse Uses a Systematic Approach to Problem-Solving in Nursing Practice

CENTRAL THEME DEFINITION

Nursing Process refers to the thinking process that occurs each time the school nurse makes any decision and takes any action, no matter how small, while serving in a professional capacity. The American Nurses Association's *Standards of Clinical Nursing Practice* includes both "Standards of Care" and "Standards of Professional Performance." The "Standards of Care" are the actual steps of the Nursing Process. Nursing Process is considered as a separate standard herein to illustrate that its use may be applied to issues of professional performance as well as of client care. Inclusion also underscores the importance of the Nursing Process as a conceptual framework for school nursing as a specialty, and for the discipline as a whole.

RATIONALE

Regardless of the setting, the professional nurse goes through a systematic process of assessing a situation, deciding what is occurring, identifying outcomes, deciding what to do, doing it, and mentally reviewing the success of the entire undertaking. The Nursing Process is a logical, problem-solving framework and is a generally accepted practice throughout nursing.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. **Assess:** the collection and documentation of data/information about or from students, families, individuals, health care providers, organizations, or communities in a systematic, continuous manner, using appropriate techniques.

B. **Diagnose:** the analysis of the assessment data to arrive at (a) conclusion(s) which can be validated by others, is (are) documented, and facilitate(s) the development of outcomes and a plan of care.

C. **Identify Outcomes:** the specification of measurable, appropriate, mutually formulated, attainable, and timely goals which are derived from the diagnosi(e)s, are documented, and provide for continuity of care.

D. **Plan:** the prescription of interventions designed to attain outcomes unique to the client which provide for continuity of care, are documented, and are conjointly created, when appropriate.

E. **Implement:** the execution of the interventions prescribed within the plan of care in a safe, appropriate manner. Interventions are always documented.

F. **Evaluate:** the systematic and ongoing appraisal of client responses to interventions and to the effectiveness of interventions in relation to outcomes. Evaluative data are documented and used to revise assessments, diagnoses, outcomes, plans, and interventions.

BUILDING TOWARD THIS STANDARD

Assessment is the comprehensive, pertinent, and systematic collection of information documented in retrievable form. Examples of data collection would include such activities as health history-taking; vision, hearing, and scoliosis screening; observing behavior; psychosocial assessment; utilization of norm-referenced tools; school or community needs assessments; and administering pretest health status assessments for any and all purposes. It would also include studying descriptions of the school nursing role; assessing organization/management plans; and learning about administrators or Board of Education members. Data/information may be collected through a variety of methods and from a variety of persons and sources (ANA, 1983). Utilizing a rapid, succinct method to record your data is essential.

Diagnosi(e)s flow(s) from the assessment. In the school setting, diagnoses may be nursing or educational, or the recognition and incorporation of medical diagnoses. Diagnoses themselves are conclusions, the result of analyzing data/information. Strategies to assist you in diagnosing would include reviewing the signs, symptoms, and epidemiology of a suspected health condition from a reliable text or other resource as an aid in making your diagnosis, or asking a peer or another professional to validate a conclusion you have reached.

Nursing diagnoses may have one, two, or three parts (Carpenito, 1992). The first part is the *diagnostic label*, the second part, *contributing factors*, and the third part, *signs and symptoms*. Commonly, school nursing diagnoses have two or three parts.

Formulating your conclusions as nursing diagnoses rather than as medical or educational diagnoses will help you plan; a well-thought-out nursing diagnosis describes a situation as a nursing problem and *delineates what you do as a nurse*. For example, pregnancy is a medical diagnosis, and "specific learning disability" can be both an educational and a medical diagnosis. A nursing diagnosis for a pregnant thirteen-year-old and her unborn baby might be: "High risk for altered outcome of pregnancy *(diagnostic label)* related to social isolation, insufficient nutritional intake, and young age *(contributing factors)*, as evidenced by inadequate weight gain and noncompliance with prenatal care" *(signs and symptoms)*. The nurse arrived at this diagnosis following assessment.

While writing all of this down each time is both cumbersome and, frequently, unrealistic, doing so initially will help you think more broadly. In the preceding nursing diagnosis, we know the teenager is not only pregnant, but has little or no support from significant others, perhaps her family. We know also that the fetus is at risk because of inadequate nutrition. The teen's young age may contribute to problems in accessing prenatal care, poor decision-making, or to physical problems of pregnancy, labor and/or delivery. Immediately evident, as well, is the nursing role, in which the nurse not only monitors blood pressure, weight, and encourages regular prenatal visits, but promotes good nutrition, builds self-esteem, reduces social isolation, promotes good decision-making, facilitates prenatal care, acts as a client advocate, provides childbirth and child care instruction, and promotes completion of the teen's education. All of these nursing goals flow directly from the nursing diagnosis and can be mutually identified with the client or others as outcomes.

Haas and colleagues have published an excellent resource which makes use of school-appropriate NANDA (North American Nursing Diagnosis Association) nursing diagnoses (Haas, Kalb, Luehr, Miller, Silkworth, and Will, 1993). Entitled *The School Nurse's Source Book of Individualized Health care Plans*, this resource interfaces nursing process, using NANDA diagnoses, with IEPs (Individualized Educational Plans) and IHPs (Individualized Healthcare Plans) for several dozen student health conditions. Shyang-Yun Shiao and McKaig (1989) have also applied nursing diagnosis to nursing practice in the school setting. Other valuable resources for nursing diagnosis include *Nursing Diagnosis: Application to Clinical Practice* (Carpenito, 1992) and *Classification of Nursing Diagnoses: Proceedings of the Ninth Conference* (NANDA, 1991).

In addition to nursing diagnoses, nurse practitioners working in the school setting make medical diagnoses. The two kinds of diagnoses may be closely related but also have parallel yet separate outcomes, plans, and interventions. Most nurse practitioners employ both cognitive processes simultaneously and expand their plan of care to accommodate interventions from both disciplinary perspectives.

Outcome identification as a step in the Nursing Process has not consistently been included in the literature until recently. The American Nurses' Association's "Standards of Care" (ANA, 1991b) have delineated outcome identification as an expected standard of care for nurses practicing in all settings. As part of the nursing process, the nurse would review the diagnosis and determine, together with the client or others as appropriate, some measurable outcomes. Outcomes are to be: derived from the diagnosis, measurable, realistic for the client's potential and abilities, attainable in relation to resources available, designed with a time estimate for attainment, and written so as to provide direction for continuity of care. Identifying and writing outcomes is similar to identifying and writing objectives for the IEP and the IHP. IEP/IHP objectives may also contain a plan and the particulars of implementation.

The **plan** and its **implementation** are intimately tied to the identification of outcomes and to each other. The plan is the "blueprint" for action, and the implementation, the "doing" or the actual action taken. The plan must include the who, what, when and where: who is to perform the action; what action is to be taken; when the action is to occur; and where the action is to take place, if appropriate. IEP/IHP objectives written at a staffing meeting contain all of these components and are an educational plan for the student under consideration. Objectives are always written behaviorally, with student behaviors as the focus of the objectives. Further discussion of IEP/IHP objectives may be found in Standard 3.

The nursing plan of care may extend beyond the educational plan and prescribe nursing interventions which do not have *direct* bearing on the education of the student,

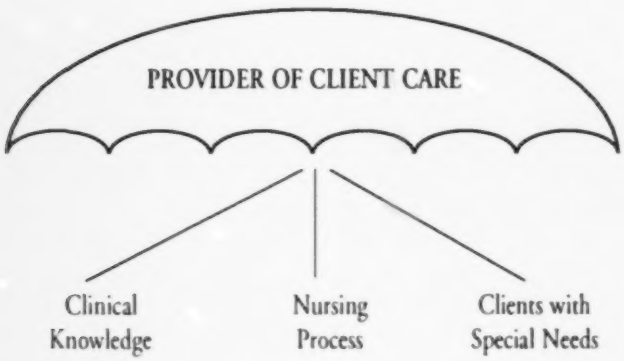
but are seen as essential for the optimal functioning of the student in the school setting. A taxonomy of nursing interventions is now available and can be utilized by the school nurse. The interventions, identified in *Nursing Interventions Classifications (N.I.C.)* (Bulechek and McCloskey, 1992), "are at the conceptual level and require a series of actions or activities to carry them out. Nursing interventions include nurse-initiated interventions or . . . [administrator] - *(substitution for physician)* initiated interventions" (p. XVII). Such activities or actions would not necessarily be included as part of the IEP, but would be part of a nursing plan of care for a student or his family, sometimes referred to in the school setting as the IHP (Individualized Healthcare Plan) (Haas et al., 1993). An example of an item within the nursing plan of care which would not be part of the IEP might be "to refer the student's family for family counseling." Additionally, a nursing plan of care may be written from the perspective of the nurse and need not have the student as the active subject in all the prescribed behaviors.

In order to implement the plan of care, interventions are employed. Plans and implementations are used for everything one does in school nursing, not just student and family issues. For example, negotiating for more nursing time within a school district necessitates a plan, followed by implementation of that plan.

Evaluation is made easy by the accurate delineation and documentation of outcomes. Have your outcomes been met? On time? Where did the process fall apart? What could have been done differently? Where were you successful? Were the plan and implementation realistic? Examples of evaluation include assessing whether or not a referral to a particular child protection advocate was effective; determining whether your decision to send a child back to class was correct; concluding you need more information regarding a particular client situation (additional data collection); and deciding whether a plan and/or its implementation should be altered.

The employment of evaluation in relation to "Provider of Client Care" (WICHE, 1985) has been the focus of this discussion. Evaluation is also an integral part of the five remaining role concepts, particularly "Planner and Coordinator of Client Care," "Client Teacher," and "Role Within the Discipline of Nursing."

NASN Standard 3
Clients with Special Health Needs



3	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VIII. Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

(ANA, 1991b)

3. The School Nurse Contributes to the Education of the Client with Special Health Needs by Assessing the Client, Planning and Providing Appropriate Nursing Care, and Evaluating the Identified Outcomes of Care

CENTRAL THEME DEFINITION

Special health needs refer to the health needs of students enrolled in Special Education programs, and to the health needs of students with chronic health problems who may not be in Special Education. It includes children aged birth through 21. The term does not refer to episodic or acute health needs as identified within Standard 1.

RATIONALE

There has been a steady increase in the numbers of students in Special Education or with chronic health conditions in recent years. Local school districts are increasingly successful in communicating the availability of programs to the community, and in promoting early identification of potentially eligible students in need of Special Education services by teachers, parents and/or care givers. Neonatology is saving infants who one or two decades ago would not have survived. Some of these children may manifest mild to severe disability as they mature. Substance use and abuse during pregnancy have increased the numbers of drug-exposed infants born with congenital anomalies and/or subsequent developmental problems. The escalating rate of domestic violence has contributed to the larger numbers of students qualifying for programs serving the emotionally disturbed. New immigrants arrive in the United States with previously undiagnosed, and therefore unmet, health needs. All of these changing societal and demographic patterns combine to forge a more complex and comprehensive role for the nurse. As a matter of emphasis, a separate Standard was devoted to this issue rather than subsuming it under either Standards 1 or 2. Conceptually, it is important the reader recognize that the content of Standard 3 is inherent in Standards 1 and 2 and has been separated here only because of its increasing significance for education and for school nursing.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Have contemporary knowledge of all of the following:
   - Common chronic and disabling conditions of childhood and the nursing role therein.
   - National, state and local laws governing Special Education students, Special Education programs, chronically ill students, and the rights of the disabled. Public Law (PL) 94-142, *Education of All Handicapped Act*, 1975, was reauthorized by Congress in 1990, and in the process, was renumbered PL 101-476, and retitled *Individuals With Disabilities Education Act*, or IDEA (Winget, 1993).

   Both PL 94-142 (PL 101-476) and PL 99-457, *Education of the Handicapped Amendments*, 1986, constitute federal legislation with significance to school nursing. The former established the right to a free, appropriate education and related services for handicapped children, adolescents, and young adults through the 21st year of life. The latter established a state-by-state planning process for the provision of a community-based, family-centered case management and service system for at-risk and handicapped children, birth to five years (Woodruff and McGonigel, 1988).

   "Related services" is a key term in PL 94-142 for school nurses; the "related services" provision authorizes school health services, including school nursing. Early intervention services authorized by PL 99-457 differ from state to state as a result of the flexibility allowed in the state planning process.

   Also of significance is Section 504 of the *Vocational Rehabilitation Act* of 1973 (PL 93-112). This statute deals with

access issues, and is commonly utilized by parents and child advocates seeking school health services for chronically ill students who do not qualify for special education and related services under IDEA (PL 101-476) (S.L. Lordi, personal communication, Sept. 2, 1992).

The *Americans with Disabilities Act* of 1990 (42 USC, 12-116, CFR Part 1630) outlines protective and antidiscriminatory provisions which relate to multiple concerns in both the public and private sector. This act refers to personnel issues and to students outside of those concerns covered by the IDEA (Winget, 1993).

- Significant judicial decisions dealing with individual students and necessary school health services either within or apart from Special Education.
  - School district policy and procedure regarding Special Education students and programs, and chronically ill students.
  - The existence and nature of local programs for the education of the disabled child.
  - The role of the nurse in Special Education.
  - The role of the nurse with the chronically ill and disabled child.
  - The roles of members of the individualized educational program (IEP), multidisciplinary(MDT), interdisciplinary (IDT), or transdisciplinary (TDT) teams.
  - The effect of chronic illness or disability of childhood on the student and family.

B. Conduct full nursing appraisals of each student with special health needs including:
   - A health and developmental history, preferably in the student's home.
   - A health and physical assessment including vision, hearing, nutritional, and developmental appraisals.
   - Observation in the classroom and on the playground or school area.
   - Elicitation of supporting medical data as available.
   - Review of all health records.
   - Communication with health care providers.

C. Attend team meetings, present findings, nursing diagnoses and recommendations, and participate in the writing of IEP or other objectives (MDT, IDT, TDT) as necessary.

D. Conduct appropriate assessments preparatory to periodic IEP and IHP reevaluation.

E. Develop and implement nursing plan of care/IHP (individualized healthcare plan) for each student, as needed.

F. Monitor ongoing health status of students.

G. Act as a parent advocate before, during, and following the team meeting.

H. Act as a case manager and advocate for the infant, child, or adolescent with special health needs.

I. Facilitate normalization of the student's educational experience.

J. Educate teachers and other staff as to the nature and educational relevance of disabling conditions.

K. Educate parents of students regarding the school policy, procedures, and parental role in Special Education.

L. Educate parents of students with chronic illness regarding school policy and procedures related to their child and his or her condition.

M. Perform skilled nursing procedures as necessary, and supervise others where permitted by local or state law and state nurse practice acts.

N. Participate in the development of the individualized family service plan (IFSP) when working with infants and toddlers.

BUILDING TOWARD THIS STANDARD

This role for nursing has expanded greatly in recent years. For many nurses, working with Special Education students is a full-time pursuit; for others, a significant portion of their practice.

Utilizing current pediatric nursing or medical texts may be of great assistance in reviewing **disabling conditions and chronic illnesses,** particularly texts which contain sections on genetic diseases. The range of conditions among students in your school(s) may vary from mildly disabling conditions to medically fragile states. Some study regarding an update of nursing care procedures may be in order if it has been some time since you have cared for persons with specific or unique conditions. The legal expectation emanating from your nursing license assumes you have adequate knowledge and skill regarding the client conditions with which you deal.

State, county, or district school nurse associations can supply **role descriptions** of school nurse practice within Special Education and with the chronically ill child. National and state documents, policies, and position papers have been developed addressing the role of the nurse in Special Education. Some notable examples include *Resolution and Policy Statements* (NASN, 1992a), and *School Nurses Working with Handicapped Children* (ANA, 1980b).

Clients who enroll in contemporary schools may be **technologically dependent**. At the current rate of new developments in biomedical engineering and technology, only nurses who have very recent acute care nursing experience, especially ICU or PICU experience, or those experienced in pediatric rehabilitative nursing, will be familiar with the new apparatus. It is not reasonable to expect a nurse who has not practiced recently in the acute setting to be familiar with all the new engineering developments. Further, technology varies from hospital to hospital, even within the same community. A more appropriate role lies in familiarizing yourself with the technology as it arrives with various students.

For more common technical skills and technologies, pediatric techniques or general nursing procedures texts will help in a refreshment of skilled nursing procedures, such as tracheostomy care. Clinical nurse specialists in medical centers, nursing schools, or hospitals may also be approached for consultation or provision of continuing education classes which review skilled nursing procedures and provide opportunities to practice these skills. Parents are often eager to teach school personnel the intricacies of a specialized procedure needed to care for their child during school hours. Parents should be active participants in the development of the IHP and their input sought and heeded. However, as a general rule, it is better to receive instruction from nurses rather than physicians or parents. The performance of such skills is *nursing care* and nurses will be more familiar with the practices and more skilled in performing them. Print and video resources designed for self-paced learning are also available; inquire within a local nursing school, your state or local school nurse association, or a hospital. A national resource of interest is *Guidelines and Delineation of Roles and Responsibilities for the Safe Delivery of Specialized Health Care in the School Setting* (AFT, CEC, NASN, and NEA, 1990).

School nursing, school health, education, or Special Education journals may have articles dealing with aspects of **Special Education law**. Designated state agencies responsible for Special Education funding may carry copies of both state and federal law and offer other publications in the area of Special Education. County agencies or local school districts should be queried for any and all relevant literature governing **local law and district policy**. Information regarding **precedent-setting court cases** of importance to the nurse may be available from your local or state Special Education unit. The school nurse association—national, state or local—may be of assistance here as well. Networking with school nurses who work with the severely handicapped is also recommended.

Learning the **functions of the team members** (IEP, MDT, IDT, or TDT) is a useful exercise. Interview the other team members and ask about their roles, the tests they perform, the purpose of the tests, and something about what the scoring means. Ask how each of them perceives the nurse's role and share your role with them. Clarify and understand each other's respective functions, as each situation permits.

Much has been written concerning the **impact of the disabled child on the family**. Visit a university or college library or locate books or periodicals dealing with this important subject area. Talk with knowledgeable nursing personnel or Special Education personnel within your district, county, or state, including other school nurses.

Nursing appraisals prior to the IEP may be more or less comprehensive, depending upon the existence of previous assessments and on the nature of the pupil's educational disability. The nursing assessment should address all components contained in Standard 3, Objective B. A strategic part of the nursing assessment is the **health and developmental history**, which elicits not only significant history and evaluates milestones, but allows the nurse an opportunity to interact with the parents or guardians, preferably in the home, and begins the development of a nurse-parent relationship leading to a **parent advocacy** role for the nurse.

The IEP or other team meeting itself should be attended by the nurse who has conducted the nursing assessment. In some instances, the nurse participates in all staffings, in other instances, in staffings for only those students with health or health-related problems. The nurse should be notified of all pending IEP or other team meetings in sufficient time to conduct the nursing appraisal. The notification process varies from district to district and state to state. Except in instances where the nursing data are not significant to the outcome of the team decision, the nurse *must* participate in the deliberations as a full-functioning professional and **write IEP objectives** as indicated. This role should not be relinquished, since nursing assessment may be critical to the outcome of the placement decision. NASN's *HADHAS Syllabus* (1982) presents formats for writing IEP objectives.

The IEP or other objectives frequently are part of the overall **nursing care plan** or the **nursing plan of care** (the terminology used

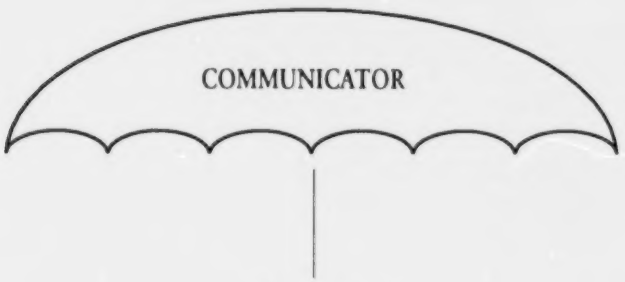
by the American Nurses' Association in the *Standards of Clinical Nursing Practice*, 1991b). In some school districts, the nursing plan of care is referred to as the Individualized Health Plan, or the IHP. Care plans provide a framework for ongoing monitoring and nursing involvement whether or not the student is formally the recipient of Special Education services (Gregory, 1991). Indeed, many nurses develop care plans for students with complex needs simply because it is good nursing practice. *The School Nurse's Source Book of Individualized Health Care Plans* (Haas et al., 1993) is an excellent compendium of nursing plans of care using nursing diagnoses, and a nursing process approach, and covering a variety of chronic and acute conditions.

In the event you are working with very young children and their families, your role will be somewhat different. For example, as part of the transdisciplinary team, you will be involved in the development of the Individualized Family Service Plan (**IFSP**) rather than the IEP (McCarty-Marple, 1991). Find other nurses who are in infant programs and develop support sections within state school nurse associations to provide you with the knowledge needed for assessment and intervention with the very young child. Helpful references include *Nursing Standards for Early Intervention Services for Children and Families at Risk* (CNA, 1990) and Woodruff and McGonigel's chapter in *Early Childhood Special Education: Birth to Three* (1988).

Nursing role also extends to periodic **re-evaluations** as defined by federal, state and/or local policy and guidelines. Reevaluations vary from case to case and may extend from cursory reappraisals of student placement to comprehensive, multidisciplinary reassessments.

Finally, the complex needs of many students in special education necessitate that the child and the family receive a variety of services. Indeed, federal legislation requires case management (McCarty-Marple, 1991).The school nurse, as **case manager**, facilitates continuity of care by assisting the parent or care giver in accessing services needed by the child with special health needs. There appears to be a move in hospital nursing toward nurse-managed care. In this model, the nurse coordinates all care provided the patient regardless of the discipline of the provider. By the year 2000, most hospital patients (and community clients) will be the chronically and/or degeneratively ill. Such patients are not the ideal purview of modern medicine, trained to utilize high technology in the identification and remediation of acute disease (Gamble, 1989). It seems that the care and management of the client with chronic illness and disability could become the domain of nursing in the community/school setting as well.

NASN Standard 4
Communication



4	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

II. Performance Appraisal: The nurse evaluates own nursing practice in relation to professional practice standards and relevant statutes and regulations.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
IV. Collegiality: The nurse contributes to the professional development of peers, colleagues, and others.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VI. Collaboration: The nurse collaborates with the client, significant others, and health care providers in providing client care.

(ANA, 1991b)

4. The School Nurse Uses Effective Written, Verbal, and Nonverbal Communication Skills

CENTRAL THEME DEFINITION

Communication refers to interpersonal communication whether verbal, nonverbal, or graphic. It refers to the ability to understand one's self as well as to understand and communicate with others both within and outside of the organizational structure.

RATIONALE

Nursing practice in any setting is intricately linked to style, purpose, and content of communication. Nursing cannot occur without effective communication. Good communication demonstrates caring, competence, and consideration. It is the heart of community nursing, which focuses as much on the psychosocial aspects of client needs as it does on the physical. The nurse uses effective communication as a therapeutic tool, as a strategy for change, as a vehicle to transmit vital information to significant others, and as a mechanism for legal documentation. The effectiveness of the school nurse's communication can determine the nurse's success in the practice setting. Nurses who are effective communicators will quite likely be successful in school nursing practice. This implies sensitivity to other's viewpoints, good listening ability, and the capacity to argue cogently and diplomatically for students, families, or oneself. Good communication is as important as psychomotor clinical skill.

The quality of the nurse's communication is of such importance that it also has been singled out from other Standards for the purpose of emphasis. Conceptually, the reader should recognize that communication is inherent within all the Standards contained in this document.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the school nurse shall:

A. Employ effective expressive and receptive verbal skills, reflective of both articulate speech and good listening ability.
B. Write clearly, cogently, and concisely using correct grammar and spelling.
C. Utilize a system of easy data storage, retrieval, and analysis.
D. Employ formal counseling techniques and crisis-intervention strategies for individuals and groups.
E. Demonstrate sensitivity to the values of students, families, and staff.
F. Clarify professional and personal values in preparation for school nursing practice and periodically reevaluate these values.
G. Utilize communication as a positive strategy to achieve nursing goals.
H. Share perspectives with school nurse colleagues through professional publications.
I. Identify and utilize one's own interpersonal strengths.

BUILDING TOWARD THIS STANDARD

It is essential that the nurse carefully evaluate the method used by the school system for the recording, storage, and retrieval of health data. Outcome data will continue to be important in communicating the results of nurse activities to decision-makers. Many school nurse recording systems are cumbersome and unnecessarily time consuming. Others are sparse to the point of imprudence. Recording needs to reflect safe and accountable nursing practice and consider possible conflicts between education law and nursing practice (Schwab, 1991). Some districts have employed the use of computers to store data for easy retrieval. Investigate such possibilities in your own setting and ask other school nurses how they deal with the important issue of documentation and recording (Mehl and Whisenant, 1990; 1992). Do not overlook the possibility of devising your own "information system" whether electronic or not. Consult acquaintances in business for ideas on how best to manage the information flow and processing. Local colleges or universities may have communications departments that would be willing to take on your situation as a project for a graduate student.

The storage and retrieval of confidential data, likewise, is an important consideration. Nurses should be keeping confidential entries apart from regular health records. The possibility of court subpoena in cases of abuse, neglect, or other sensitive areas demands documentation of nursing assessments and actions with dates, times, and particulars. Such notations not only provide an accurate record, but protect against memory lapses.

Confidential data may be kept in a location of the nurse's choosing and are not available for any inappropriate party to view. The Buckley Amendment (Cohn, 1988; Oda and Quick, 1977; Wold, 1981) allows parents or guardians access to official school files but does not extend to confidential notes the prudent nurse should keep in the interest of student health and well-being — and for the protection of one's nursing license (Schwab, 1988). Consult your state school nurse association or your state nurse licensure board for an interpretation of laws in your own state. Implement policies for the storage of sensitive data in your own school setting (Schwab, 1991).

Assess your own **communication ability**. How do others respond to you? Are you credible? Do you come on too strongly? Not strongly enough? Do you have adequate counseling and crisis intervention skills? There are a variety of ways to help yourself in this area. Classes or courses in **counseling theory and technique** with opportunity to practice will help you not only in your nursing practice but also in other aspects of your life. Public speaking and assertiveness training classes can help you overcome shyness and reticence and build self-esteem. Contemporary texts, in the area of either psychiatric nursing or communication, are excellent. Visiting a college or university bookstore may be helpful.

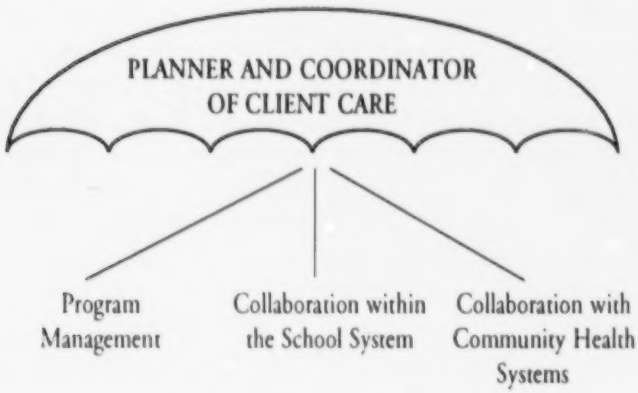
How is your **writing**? Many communities sponsor writing workshops to assist you in this regard. Use a computer with a spell check if spelling is a problem, or ask a colleague to proof materials for you before they are sent out. Good spelling, grammar, construction and syntax reflect favorably upon you as a professional and may enhance your ability to accomplish what you have in mind.

Writing is a good way to **share** your insights, concerns, or innovations in practice. Prior to writing, outline your thoughts to preserve the essence of your ideas while awaiting the opportunity to fully develop your ideas. Submit your writing to local school nurse or education newsletters, state publications, or national journals. Both *The Journal of School Nursing* and *The Journal of School Health* are pleased to receive manuscripts written by nurses in school settings. Writing for publication is a way to build the body of knowledge that is school nursing.

Examine your own **values** both personally and professionally and assure yourself that these values are not negatively affecting your communication. Reacquaint yourself with multicultural norms, practices, beliefs and values so your communication with students and families from cultural groups other than your own will be maximally effective.

Last, work to build meaningful **relationships**. Relationships are built through open communication and on a foundation of trust and confidence. They do not happen overnight. Relationships will be your biggest ally in achieving your goals. Nurses who have more than one practice site are particularly challenged with regard to the establishment of effective relationships. Changing nursing assignments annually makes the practice of school nursing difficult. It often takes years to build trusting relationships with clients, families, faculty, staff, and administrators. Frequent changes in assignment render the nurse impotent in terms of effecting long-term change, and are antithetical to the discipline of nursing as a helping profession. Such thinking reduces the school nursing role to one of task rather than process. It is important that you communicate this aspect of your role to school district personnel. Work to build collegial, supportive professional relationships both inside and outside the school setting.

NASN Standard 5
Program Management



5	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
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VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
VI. Collaboration: The nurse collaborates with the client, significant others, and health care providers in providing client care.
VIII. Resource Utilization: The nurse considers factors related to safety, effectiveness, and cost in planning and delivering client care.

(ANA, 1991b)

5. The School Nurse Establishes and Maintains a Comprehensive School Health Program

CENTRAL THEME DEFINITION

Management refers to a range of activities. It includes: (1) the development, coordination and evaluation of programs and activities concerned with client health; (2) the development and implementation of policy and procedure concerned with client health; (3) the acquisition and management of funds necessary to implement client health activities and programs; and (4) the supervision and evaluation of allied health personnel. Within this standard, client may be the student, family, faculty, staff, or the community. "When the client is community, the focus is on personal and environmental and the health risks of population groups" (ANA, 1991b, p. 7). The nursing role in *case* management with the individual student or family is discussed within Standards 3, 6 and 7 and is not included in this discussion.

RATIONALE

Nursing in public health settings may necessitate engagement in program-level skills, such as program planning, development, and evaluation. Likewise, contemporary school nursing requires such a scope of involvement, and the school nursing literature has, for some time, recognized this dimension of practice and responded accordingly (ANA, 1983; "By the year," 1993; Igoe, 1980; NASN, 1988; Wold, 1981). Program management, as a dimension of school nursing practice, is a product of the nature of community nursing and the funding mechanisms commonly utilized in public agencies. The necessity of assigning nursing responsibility to others, and the need to develop health policy and procedure, have likewise expanded the program management component of practice.

Community nursing involves service to "populations or aggregates" (targeted groups), as well as to individuals. Service to populations requires a program approach. Establishing a vision screening program, as population-focused nursing, involves nursing skill in program planning/execution in order to provide for the delivery of services to the particular subgroup. Screening programs are implemented as a consequence of the detection of a high incidence of a particular condition or disability among the members of a certain population.

There are other reasons why program management skills are important to school nursing. Legislative intent determines public policy which, in turn, drives funding streams. Public agency funding is frequently earmarked for a specific purpose so that a given school district will have several pools of money from which to draw. Many of these are restricted to particular aims, i.e., Special Education, or Migrant Education. Nursing involvement within a particular categorical program carries with it fiscal and outcome incumbency: nursing time purchased by a particular program with a restricted funding source requires the nurse who is part of the program to account for nursing outcomes for all students receiving services from the program. The nurse in the program coordinator role, with responsibility for managing one or more programs, is likewise expected to demonstrate pecuniary and outcome accountability.

Program management includes the management of personnel, as well as involvement in the formulation of policy (Snyder, 1991). Increasingly, schools are becoming complex care centers, responsible for the health care of students with special health needs. The care of these students is assigned to persons other than the nurse, and nurses are supervising such individuals in the care of special-needs children. Additionally, nurses coordinate health or health-related programs in which others are players. Further, program-level involvement suggests the need for the nurse to be a contributor to the development of school health policy. In a litigious era, policy assumes an ever greater role in the administration of a school district.

Finally, the dawning of a "managed care" era in public health services financing will evoke the need for management of health dollars and health services. While the effect of managed care upon the public schools is far from clear, nurses, as health program coordinators and managers, must be cognizant of the impact of managed care on the health of the client, and of potential threats to the character of the school health program.

MEASUREMENT CRITERIA

To incorporate this program into a school nursing program, the nurse shall:

A. Conduct school health needs assessments to identify current health problems and identify the need for new programs.
B. Demonstrate knowledge of existing or potential school health programs, the sources of funds for each, district policy related to each, and local, state, and federal law governing each.
C. Develop and implement needed health programs using a program planning process.
D. Coordinate and manage ongoing nursing, health, or health education programs and their personnel.
E. Evaluate ongoing health programs as to outcomes and communicate findings to administrators and the Board of Education.
F. Develop and implement health policies and procedures in collaboration with school administration and the Board of Education.
G. Pursue alternate or supplemental funding sources for health or health-related programs, as necessary.
H. Participate in budgeting for nursing and health services as necessary.
I. Orient, supervise, and evaluate health assistants, aides, and others involved in health services delivery.
J. Develop (as needed) and/or participate in a school health advisory committee.

BUILDING TOWARD THIS STANDARD

Program planning, needs assessment, policy development, budgeting, supervision, delegation, and other management skills are required to meet the objectives in the preceding section. Prior educational preparation and/or experience with these skills will be of significant advantage in school nursing.

Management courses may be of assistance: such skills are taught within many disciplines, including nursing, education, public health, and business. Management skills workshops for nurses are offered periodically in many communities. Consult with advanced nursing practice colleagues and/or nursing faculty in your area to assist you in this regard.

Texts may also be useful. Contemporary community health nursing texts provide information from both a nursing and a community perspective. Community nursing texts typically will have chapters or sections speaking to program planning and evaluation, needs assessment, nursing management, epidemiology concepts, public funding of health services, health policy, and the political process (Stanhope and Lancaster, 1992). A useful resource which addresses many of the issues discussed within this standard is *School Health: Helping Children Learn*, a publication of the National School Boards Association (NSBA, 1991). Susan Wold's *School Nursing: A Framework for Practice* (1981) is the most sophisticated publication thus far produced with regard to school nursing. This book (recently reissued by a new publisher) contains a clearly developed chapter on management, which includes concepts related to program planning and evaluation, budgeting, needs assessment, and principles underlying the development of screening programs. Together with the *Standards of School Nursing Practice* (ANA, 1983), Wold's book forged new conceptual dimensions for school nursing in the 1980s.

Needs assessments may involve reviewing health records or health problem lists in order to identify commonly occurring health concerns and documenting their frequency, describing their urgency, or both. They may also involve surveying other staff, particularly nurses, or parents concerning their perception of frequently occurring or urgent health needs. Health needs should be interpreted broadly to include both physical and psychosocial health concerns. To limit a school health needs assessment to physical health problems would negate the urgency of such concerns as child neglect intervention, adolescent pregnancy prevention and self-esteem issues. Needs assessments can provide the statistical basis for deleting less effective programs and establishing new programs, or serve as an impetus for seeking new funding.

State or national publications are available to assist the nurse or the school district in the inauguration of **new programs.** An example of a new program implemented recently in many school districts is the school-based health clinic, a model of primary care within the school. School-based clinics can involve the school nurse as generalist clinician, primary care provider, or program manager (see "Contemporary Models of School Nursing," Chapter 2). Much has been written on the role of the nurse practitioner in primary care. Publications are available regarding models of primary care in the school, notably, a joint statement by national school nurse groups, published by the American School Health Association (ASHA, 1988). The role of the nurse practitioner is further discussed within

Standard 10, and primary care versus primary health care, within both Standards 7 and 10.

Currently, we are in an era of emerging state and national legislation which designates schools as the cornerstone for the **collaborative delivery of health and human services** to children and families. Models have been proffered by a variety of organizations and foundations (ANA, 1991a; APWA, CLSP, CCSSO, and ECS, 1992; "By the year," 1993; CDE, 1990; Carnegie Council, 1989; Melaville and Blank, 1991; NCC, 1991; NCRSCIAH, 1990; Packard Foundation, 1992). Inquire within your district as to the availability of some of these publications, or attempt to find them elsewhere.

The source of money for health programs within schools may be federal, state, or local public dollars. Occasionally, private funds may be involved as well. You should have **knowledge of all school programs which include fiscal allocations for health, or prescribe health services**, especially those which are operational in your school setting and are funded in your state or community. School administrators are not always aware of these resources; further, obtaining this information is not always easy. You may also be uncertain as to the eligibility of your school setting for a given program. State or local school nurse associations can be helpful here, as can your state NASN representative. Belonging to NASN will keep you up to date about federal funding trends in school health through their publications, *Journal of School Nursing* and the *NASNewsletter*.

You should also be familiar with **legal statutes governing all categorical programs** pertaining to the school nurse role, whether they be federal, state, or local. Some state educational units or state school nurse associations publish compendiums of law covering school nursing and school health issues and programs.

Keep yourself apprised of **legislative trends**, whether or not new legislation carries funding. Legislative trends result in policy trends which in turn ultimately affect programs and professional roles. Recognizing the impact of public policy, legislation, and regulations upon the school health program at all governmental levels is critical. Currently, public policy, as expressed in *America 2000: An Education Strategy* (USDE, 1991) and *Healthy People 2000* (USDHHS, PHS, 1991), reflects a less categorical approach to funding than cited here. However, commingling of categorical funding is not yet a reality.

Examine **district policies** related to existing health programs and functions so you become familiar with them. Further, evaluate district health policies for appropriateness and comprehensiveness, and move to modify policy or draft new policy as you see the need. **Policy development** in school nursing is not difficult except when sensitive subjects are undertaken. The nurse should take the lead in the development or modification of health policy. A draft should be prepared for appropriate decision-makers with supporting rationale, and a nurse should be present at the Board of Education meeting to answer any questions. Generally, school districts without health policies place both their employees and their students at greater legal risk than those with policies. Areas of nursing practice where policy is frequently written include medication administration; first aid and emergency care protocols; communicable disease control, including immunization administration; child abuse and neglect management; family life and sex education; sexually transmitted disease (STD) education (including HIV); and the provision of skilled nursing procedures to chronically ill, medically fragile, or technologically dependent children (Snyder, 1991).

New programs are almost always implemented to meet unmet health needs and/or to take advantage of available moneys. Funding available for resulting new programs is commonly awarded competitively through a grant-winning process. Ability in **grant writing** is an important skill for the nurse to possess. Grant-writing workshops are widely offered through private corporations, universities, and colleges.

Another contemporary role for school nursing is the **coordination of individual programs** and the **School Health Program** as a whole. The School Health Program is made up of multiple programs or activities, all of which must be coordinated with each other and with ongoing school operations. *The Implementation Guide for the Standards of School Nursing Practice* (Snyder, 1991) presents a framework for establishing a comprehensive school health program, including philosophy, purposes, and goals (p. 6).

Program planning and evaluation involve designing objectives or goals for an activity (such as screening); identifying dates, times, places, resources, and needed personnel; educational and community organization activities; implementing all of these, utilizing economy of scale (the most cost-effective); and measuring the outcomes. Looking at outcomes and noting whether or not goals/objectives were met is the goal of evaluation. This information is then readily available to decision-makers, usually boards of education,

who make funding decisions based on substantive data. Program planning and evaluation may be used for ongoing nursing programs or for new programs. The duration of a program may be short, culminating in a few weeks, more lengthy, spanning one or more years, or ongoing.

Related to program planning is **budgeting**. Health budgeting is an activity in which school nurses are increasingly involved, in part, owing to the complex nature of school finance. Ask to see samples of nursing and health services budgets from other school systems. Nurses working alone or in small school districts may be expected to generate nursing budgets annually and will have a particular need for some knowledge of budgeting. Larger school districts utilize a nursing supervisor or other individual, often a nonnurse, to develop the budget for nursing and health services.

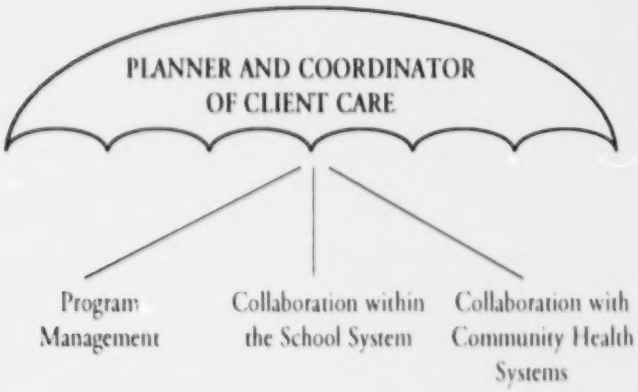
Differentiate your role and that of **health aides or health assistants**. Discuss roles and responsibilities with those you supervise in the delivery of nursing and nursing-related services. Clarification of role will avoid misunderstandings and maximize everyone's effectiveness. NASN has a policy/resolution statement related to the use of health aides (NASN, 1992a). Participate in the identification of qualifications, and in the development of position descriptions, for health paraprofessionals. Orient, supervise, and evaluate the performance of these persons. State school nurse associations may have written materials or resources to assist you in the supervision of aides, assistants or paraprofessionals. Your style of supervision will differ depending upon the nature of the activity performed by your assistant, and whether or not your supervision is direct (on-site) or indirect.

A note of caution regarding the use of health paraprofessionals in the school setting: prudent judgment must not be compromised through relinquishment of what is distinctly nursing practice, or by assignment of function to individuals who cannot legally perform or are not qualified to perform such function. Such assignment by a nurse or a school district constitutes a violation of the nurse practice act or other legal statutes. Obtain a copy of the nurse practice act in your state and seek interpretation of the statute, if necessary.

If your school district does not have a **school health advisory committee**, form one. The constituency should consist of persons both within and outside of the school setting. The more involved the committee with the business of school health, the greater the commitment of the members. School health advisory committees can assist in a variety of ways. They can act as sounding boards for you or for other health personnel in the initiation of new ideas; review health curriculum; provide suggestions and direction for program development, implementation, or evaluation; assist in needs assessments; and offer needed assistance and nonvested support in times of fiscal constraint. Many of the categorical programs funded for school health issues call for input from an advisory committee. Rather than forming several advisory committees, develop one larger committee or consolidate existing committees into one group, with **subcommittees** addressing categorical program requirements or special issues.

Last, coordination ability requires skill not only in program coordination but also in **time management**. The demands on nursing time are often excessive, and good organizational and time management skills are essential. If you are naturally organized, you will find the flow of your professional life easier. Talk with other school nurses for time management or organizational hints. SNOW, the School Nurse Organization of Washington, has developed a useful calendar for organizing and managing the school nursing year which is published by NASN. Analyze your days, your priorities, and keep track of how you spend your time. What can be done differently? Whom can you get to help? What *must* be done? Must it be done by you? How do you handle paper? Can it be streamlined? What can be changed? Still, even the best time management and organizational skills will not compensate for an unrealistic workload. If you assess your situation and find you are working as efficiently as possible, yet are unable to meet the demands of the position, it is time to ask for more nursing time.

NASN Standard 6
Collaboration within the School System



6	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

I. Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VI. Collaboration: The nurse collaborates with the client, significant others, and health care providers in providing client care.

(ANA, 1991b)

6. The School Nurse Collaborates with Other School Professionals, Parents, and Care Givers to Meet the Health, Developmental, and Educational Needs of Clients

CENTRAL THEME DEFINITION

Collaboration within the school system refers to the cooperative and collaborative efforts by the nurse, together with other school personnel, parents and care givers, to achieve educational and health objectives for students and families. The nurse's collaboration with the community is described within Standard 7.

RATIONALE

Many student problems are of sufficient complexity to require the professional intervention of several disciplines working together, within the school as a team, to best facilitate student and family outcomes. Further, parents and care givers are important members of the school team. Many psychosocial health concerns as well as Special Education issues can most effectively, or in some cases, can *only* be minimized or alleviated through a systematic team approach utilizing the skills of several professional disciplines and the family working in concert.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Demonstrate knowledge of the philosophy and/or mission of the school district, the kind and nature of its curricular and extracurricular activities, and its programs and special services.

B. Demonstrate knowledge of the roles of other school professionals and adjunct personnel, and delineate roles and responsibilities as necessary.

C. Collaborate with parents or care givers regarding client self care.

D. Dialogue with parents/care givers regarding ongoing care for clients.

E. Utilize the expertise of other school personnel conjointly to meet student health, developmental, and educational needs.

F. Function as a client case manager collaborating with school personnel.

G. Develop interdisciplinary and transdisciplinary care plans to facilitate cohesive interventions for student and family.

H. Act as an advocate for student and family in interdisciplinary collaboration.

I. Function as school-home liaison in student/family health concerns.

J. Make home visits, as necessary, to further data collection, planning, implementation and/or evaluation for client care.

K. Inform administrators and the Board of Education of collaborative plans as necessary.

L. Utilize parent-teacher groups to further nursing goals.

BUILDING TOWARD THIS STANDARD

As a health professional working within a non-health care delivery setting, the purposes and mission of the organization may be different from that to which you are accustomed. Access the school's **philosophy or mission** statement. This will facilitate an understanding of how the organization sees itself and how it views nursing and health services within the context of education. Inquire about all the curricular offerings within the school setting. Which texts are used and why? Is there a comprehensive curricular plan? How does your school setting interface with other systems, such as neighboring elementary, junior high, or high school districts? What are expected student achievement standards and how are they measured? What are graduation requirements?

Familiarize yourself with the **roles of others** in the school setting, both professional and adjunct personnel. Interview them or review their position descriptions. Take every opportunity to get to know members of the staff by attending staff meetings, sharing lunch periods, or seizing other opportunities to collaborate and provide them with counsel regarding student health concerns. Occasional role conflict will occur, since the nurs-

ing role often overlaps, *appropriately*, with the domains of other **professionals**. Entirely separate and noncontiguous role functions almost never exist within organizational structures where the agency's mission is a united one, as it is in a school setting. When such predictable role confusion arises, seek to identify a mutually acceptable compromise with the individual(s) involved. Role articulation with members of the same discipline may differ from school to school as professionals within the same discipline may interpret their roles differently.

Many students have needs of such complexity that **collaboration with parents or care givers** is indicated in addition to collaboration with school personnel. Parents/care givers are a valuable source of information and should be consulted regarding client needs and self-care abilities.

The very complexity and multidisciplinary nature of many clients' disabilities demand that the school assume the role of client management. The nurse as **case manager** coordinates and facilitates client services both within and outside the school. Nurses who have functioned as public health nurses will be particularly comfortable with the role of case manager. Nurses who have experience with managed care in the hospital or other settings may also find some familiar ground.

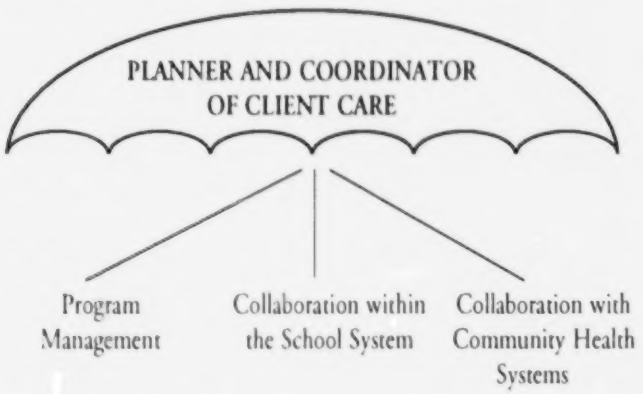
With complex student and family problems, it is wise to develop **interdisciplinary and transdisciplinary care plans**. The written IEP is a form of an interdisciplinary care plan within the Special Education structure. Apart from Special Education, however, there are student needs which benefit from the collaborative efforts of several disciplinary perspectives. In these instances, utilize your generic nursing care-planning knowledge and apply the same model to devise an IHP (a plan of care) which will identify problems, propose interventions, identify participants, timelines, and expected outcomes, and establish a time to meet again to evaluate the progress of the plan. In thinking through interventions for clients, assume the **advocacy role** for the student or family, or both.

Utilize your skills in family assessment and interviewing, and to meet the parts of the care plan which call for involvement with the family. **Home visiting** is almost always the nurse's purview and *has been a traditional role for community nursing since the early 1900s* (Loveland-Cherry, 1992). "Home visits give a more accurate assessment. . . . [and] provide opportunities to observe the home environment and to identify barriers *and* (emphasis added) supports for reaching . . . health promotion goals. . . . Meeting the family on its home ground also may contribute to the family's sense of control . . ." (Loveland-Cherry, p. 474).

Complex student issues frequently necessitate a need for **informing administrators**. Either singular professional efforts or interdisciplinary collaborative efforts should be shared with administrators and boards of education as necessary.

Finally, acquaint yourself with parent action groups or with the **parent-teacher organization**. These groups can often be of assistance to you in your efforts to develop programs for students.

NASN Standard 7
Collaboration with Community Health Systems



7	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES
STANDARDS OF CARE	
I.	Assessment: The nurse collects health data.
II.	Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III.	Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV.	Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V.	Implementation: The nurse implements the interventions identified in the plan of care.
VI.	Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.
STANDARDS OF PROFESSIONAL PERFORMANCE	
I.	Quality of Care: The nurse systematically evaluates the quality and effectiveness of nursing practice.
V.	Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VI.	Collaboration: The nurse collaborates with the client, significant others, and health care providers in providing client care.

(ANA, 1991b)

7. The School Nurse Collaborates with Members of the Community in the Delivery of Health and Social Services, and Utilizes Knowledge of Community Health Systems and Resources to Function as a School-Community Liaison

CENTRAL THEME DEFINITION

Collaboration with community health systems refers to the role of the school nurse in interagency networking as a community health professional. Collaboration is a product of school-community cooperation and results in identification and optimal utilization of community resources to benefit the client.

WHY IS THIS IMPORTANT FOR SCHOOL NURSING?

School nursing is community nursing. In Chapter Two of this document, the characteristics of school nursing were noted. These characteristics are harmonious with roles of the community nurses, especially public health nurses and occupational nurses (Stanhope and Lancaster, 1992). The school nurse is a logical professional within the school system to interface with the community health agencies and services. Knowledge of community health resources, skill in collaborating with many agencies, experience with multi-problem families, and expertise in family assessment and home visiting, point to this function as a natural and expected role for the nurse. The school nurse promotes primary, secondary, and tertiary prevention. If your school system utilizes social work services, such professionals are also skilled and knowledgeable regarding community resources.

Many client health concerns cannot be effectively handled by the nurse alone. Community agencies and resources may assist the nurse and the school team in achieving positive ends for students and families, or may assume the primary responsibility for intervention with the student and family. Such complex arrangements require communication within the school, and coordination among and between the agencies, and with the student and family.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Conceptualize the nursing role in the school setting as an integral part of the community.

B. Identify community agencies as resources for clients and evaluate each for appropriateness, eligibility criteria, existence of waiting lists, costs, accessibility, and consideration shown to clients.

C. Identify absent or deficient community resources, and move to establish community services or programs to fill these gaps through joint professional or political action.

D. Communicate and network with community health providers regarding client interventions, new community developments, and ongoing school-community agency cooperation.

E. Function as a client case manager collaborating with community providers.

F. Encourage the development of interagency care plans to facilitate cohesive intervention with clients.

G. Make joint interdisciplinary or interagency home visits as necessary.

H. Participate in community health activities as an individual or as a representative of the school.

I. Conduct community health needs assessments, as necessary.

J. Educate school personnel as to the role of the school nurse in the community.

K. Evaluate the potential for the establishment of family health centers based in, or linked to, the schools.

BUILDING TOWARD THE STANDARD

The most effective school nurses see themselves as **community health professionals.** They have a vision of their role as mobile, as one of liaisoning, interacting, and cooperating with other community professionals to bring about maximum health and health care for the clients they serve. They do not limit themselves to service delivery solely within the school setting, but see the surrounding community as a menu of services, programs, and people which they can access to serve students better. Community nursing is therefore not only a skill but a **mentality.** It is nursing without walls. Creating this mindset for yourself is useful. Your car, the telephone, and perhaps even local road maps, are tools you utilize within your role as a school nurse to access the community and the families of students in your school setting.

It is essential that you **know the local community agencies and resources** thoroughly, both public and private. Visit those frequented by clients in your school setting and evaluate each. How does the agency or resource treat clients? How much do they charge and do they have a sliding scale? Are the professionals and staff providing services competent and courteous? How easy is the facility to reach? Is there a waiting list? What will the agency or resource expect from the client? Is the agency or service ethical? All these questions are important: there is nothing more discouraging for a nurse than to work to motivate a family or a student to seek help in the community only to have the agency be nonaccepting, too expensive, require a lengthy wait, or to have discontinued services. Check out all your community resources so you will make only the best, most appropriate referrals. Often, there are community resource directories available which list each agency and its programs.

As you identify **services or resources which are absent** in your community, reflect on how the void might be filled. For example, if there are no dentists in your community providing care to children on Medicaid, could you or the local school nurse association write a letter to the dental society? If the children's protective services network in your community is overworked and underfunded, what can be done about it? A joint appeal to a state or a federal elected official by a group of school nurses, social workers, teachers, counselors and public health nurses may be effective.

One of the most important aspects of your role is to know **key community providers.** Secure the name of an individual within frequently used resources and agencies and maintain contact with that individual. Persons particularly important to know are the local public health nurse, physicians (especially pediatricians and family practitioners), dentists, eye professionals, a children's protective service professional, and probation officers. You may also be able to identify individuals within the following services: adolescent clinics, drug and alcohol treatment centers, mental health facilities, women's shelters, homeless shelters, EMT units, and hospital emergency rooms.

Case management is not a new process for the nurse in a school/community health practice. What is new are the myriad definitions of case management in the literature (Brault and Kissinger, 1991). School nurses perceive case management as coordination of services, advocacy, assessment, planning, and monitoring. Nurses in other settings are struggling to achieve these aims, which may collide with the goals of cost containment and gatekeeping. Definitions of case management differ by discipline and funding source. It is wise for the school nurse to ascertain how agencies in the community define case management prior to embarking upon cooperative and collaborative agreements.

Successful multiagency involvement in complex family health issues can be facilitated by the use of an **interagency care plan.** Each agency professional assumes a role following the identification of problems and the proposal of interventions. This approach facilitates coordination, does not confuse the family, avoids unnecessary duplication of services and, most importantly, allows professionals working with clients with complex needs to share their perspectives and streamline their efforts. Interagency **home visits** are also a technique. The school nurse can make joint visits with a children's protective service worker, with a public health nurse, or with a school professional.

Some school nurses participate in **community health activities,** either as professional representatives of the school, or as private citizens. Such involvement can lead to opportunities for program presentation or inauguration within schools, or to strategic political networking. Such involvement can further expand the nurse's knowledge of the community.

Another mechanism for understanding the community is to conduct a **community health needs assessment,** which can be limited to the area immediately surrounding the nurse's school site(s) or may extend to the

larger community. A simple community health needs assessment can be done by answering several questions: What is the general level of health in the community? What are the common health problems? What is the level of income? What is the level of employment? What are the health resources available to the community? What is the neighborhood or countryside like? Drive through the neighborhoods or the countryside around your school settings and do a "windshield survey." What kinds of businesses are present? What is the transportation system like? Having an idea of the health of the community will tell you much about the health of the students in your school settings.

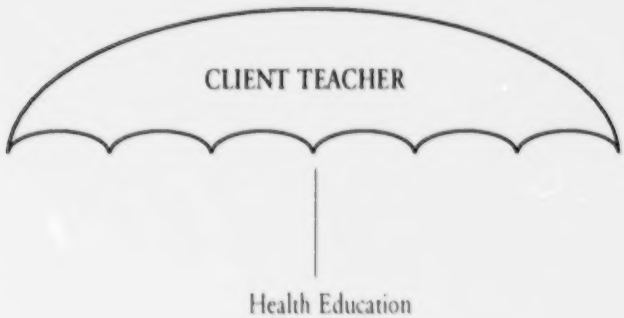
Utilizing your **school health advisory committee** is an effective way to involve community providers in the business of school health and to further expand a community needs assessment. Community members can assist you in planning by identifying and filling service gaps.

Occasionally, **administrators or boards of education** are not aware that the community nurse function is an expected area of school nurse practice. Their view of nursing may be as an emergency care or illness-management person, since they are legitimately concerned about liability. They may also have a "hospital" view of nursing which tends to focus more on technical procedure and less on process. It may be necessary for the nurse to **explain the importance and significance of client and community outreach** as a necessary part of the nursing role.

Last, the nursing role as a community health nursing professional may involve expanding school health services to meet not only the health care needs of students but of families as well. Be open to the possibility of using school sites for the establishment of **family health centers** utilizing primary care professionals collaboratively with school and community health professionals to bring services to families in need. Igoe and Giordano (1992) have developed a conceptual guide for such an enterprise, entitled *Expanding School Health Services to Serve Families in the 21st Century*. An important conceptualization of such a center is that it go beyond *primary care delivery* and embody principles of community-oriented *primary health care*, a broader, more grass-roots concept espoused by the Alma-Ata declaration, the report of the International Conference on Primary Health Care held in the USSR, September 1978 (WHO and UNCF, 1978).

Primary care is different from primary health care. Primary care is largely regarded as the first-line provision of health services and is often rendered in community clinics, physicians' offices, or health department facilities. Access and availability are key landmarks of primary care services. Primary health care involves not only access, availability, and service delivery, but community participation, remediation of the causes of health inequities (e.g., poverty, unemployment) and a subscription to the right of all citizens to health care. *Universal* distribution of *essential* services with emphasis on vulnerable (high-risk) groups is a principle of primary health care which differentiates it from primary care. Primary health care embodies not only principles of good primary care but also principles of good public health and is currently practiced in the United States by public health nurses, school nurses, and other public health professionals. A discussion of primary care versus primary health care may be found in Chapter Two, "Contemporary Models of School Nursing," and within Standard 10. Family health centers are also further discussed in Standard 10. *Expanding School Health Services to Serve Families in the 21st Century*, while not referencing the WHO work, subscribes and aspires to many of the principles of primary health care (Igoe and Giordano, 1992).

NASN Standard 8
Health Education



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VI.	Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.
STANDARDS OF PROFESSIONAL PERFORMANCE	
III.	Education: The nurse acquires and maintains current knowledge in Nursing Practice.
IV.	Collegiality: The nurse contributes to the professional development of peers, colleagues, and others.
V.	Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.

(ANA, 1991b)

8. The School Nurse Assists Students, Families and the School Community to Achieve Optimal Levels of Wellness Through Appropriately Designed and Delivered Health Education

CENTRAL THEME DEFINITION

Health education refers to activities by the nurse with students, families, groups, and the school community which facilitate maintenance of, or positive change in, health attitudes, values, beliefs or behavior. Health education is not limited to formal health instruction, and includes nurse interactions which maintain health, prevent disability, and promote client well-being.

WHY IS THIS IMPORTANT FOR SCHOOL NURSING?

The school nurse, as a community nurse, is engaged in a practice that focuses on strategies which promote adaptive responses resulting in health maintenance and promotion, and illness, disability and maladaptation prevention. Preventing negative health outcomes, as well as maintaining and promoting health through education, involves the influencing of values and beliefs which in turn manifest themselves in appropriate health behavior. The nurse, as the health professional in the school, is in a strategic position to facilitate health behavior maintenance or change. Children's health values and attitudes are in the process of being formed. Health values (such as the importance of good nutrition and exercise), if developed during the formative years, are more likely to be retained by the student throughout a lifetime, particularly if reinforced. The influencing of this population in positive ways has implications for the health of the nation. The school, second only to the home, is the desired setting for the formation of favorable health values and behaviors.

The content of this Standard might be subsumed within Standards 1, 2, and 5. The reader should note that the subject has been made a separate Standard for emphasis.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Participate in the assessment of health education and health instruction needs for the school community.

B. Provide formal health instruction within the classroom based on sound learning theory, as appropriate to student developmental level.

C. Provide individual health teaching and counseling for and with students.

D. Conduct group meetings for students, staff, and parents regarding particular health concerns.

E. Participate in the design and development of health curriculum utilizing the *Healthy People 2000* health objectives (USDHHS, PHS, 1991) as a guide.

F. Evaluate health curricula, health instructional materials, and health education activities.

G. Encourage the selection or purchase of health education materials for classroom or library.

H. Act as a resource person to school staff regarding health education and health education materials.

I. Promote the integration of health concepts within the regular school curriculum.

J. Further the application of health promotive principles within all areas of school life (e.g., food service, custodial, etc.).

K. Act as an advocate for the employment of certified health education teachers in the public schools.

L. Educate staff regarding student health concerns.

M. Educate staff regarding their own health.

N. Promote student and staff self care.

O. Educate parents regarding student health concerns and parenting techniques.

P. Promote student, staff, and school safety through health education.

BUILDING TOWARD THIS STANDARD

An important role for the school nurse in the school setting is **classroom instruction in health**. Health instruction in the school setting is often neglected and, when done, may not be consistently well taught or conceptualized. The reasons for this are several. One of the most likely explanations is that classroom teachers feel overburdened by the many demands on their teaching day. Additionally, classroom teachers who are not school health educators are not always well prepared to teach health education content. Health instruction, therefore, may be an area of unfamiliarity or of little interest to the teacher. Further, it is a curricular piece where outcomes may not be measured by school systems or state education agencies. The result, too often, is less than optimally designed or delivered health instruction.

Nurses, on the other hand, are health professionals with an intrinsic commitment to health promotion and maintenance. Further, nurses have expansive health knowledge when compared to classroom teachers who are not school health educators, and are, therefore, more qualified content experts. Additionally, nurses often have more preparation than teachers in child development, which is necessary for constructing developmentally appropriate teaching units. Nurses, however, may have little or no preparation in the development of curricula, in writing lesson plans, in delivering instructional material to children, and in the management of a class. Teachers are prime resources in this regard. No one knows better how fifth graders think and behave, and how they best learn, for example, than an experienced fifth grade teacher.

In order for the nurse to become skilled as a classroom teacher and in curriculum development, additional formal education is required. Some states require school nurses to become certificated as teachers. Other states require course work in teaching methods, curriculum, or health education. Seek out such courses, especially those which provide knowledge and skill in curriculum and methods.

Prior to the initiation of any classroom or other school health instruction, it is important to determine what are the learning needs of the school community under consideration. A **needs assessment** should be conducted to determine what individuals or groups within the school community need or desire to learn. The U.S. Department of Health and Human Services' publication *Healthy People 2000* delineates national health promotion and disease prevention objectives for the U.S. population for the year 2000, and is an essential reference for the nurse and the school to utilize in assessing curriculum needs and in curriculum development (USDHHS, PHS, 1991). Additionally, becoming familiar with *America 2000: An Education Strategy*, a similar document for education, will be of assistance in curriculum development endeavors (USDE, 1991).

Knowledge in the **building of curriculum** is used by nurses in the development of drug, alcohol, family life, AIDS (and other STDs), child care, prenatal, self-esteem, and other curricula currently being offered within many school settings. Access *Healthy People 2000* and align your health education efforts with national priorities (USDHHS, PHS, 1991).

After curriculum is presented in the classroom or group setting, learning must be evaluated. Another role, therefore, is the **evaluation** of the health education activity itself. Frequently such evaluation takes the form of a pre-test or a post-test. Skill development in making wise health decisions might also be employed to appraise health instruction endeavors. Regardless of the methodology, however, some evaluative measure is essential to assessing the effectiveness of the particular health education program under consideration. Ultimately, behavior maintenance, or change, as appropriate, is the goal of health instruction.

Nurses engaged in direct care have both the obligation and the opportunity to provide health teaching to assist the client in decision-making and to promote self care. The nurse should take advantage of each teachable moment in **one-to-one contact** with the client.

Other roles for the nurse in health education involve the **selection and evaluation of health education materials**, including health curricula, and the provision of nursing expertise as a **health education resource person** for staff members.

Promoting the **incorporation of health content within the regular school curricula** can be a creative and imaginative challenge for the nurse. Physics concepts related to pressure and lumens of tubes can be understood through lessons on hypertension and the principles underlying good circulation. History lessons discussing the early Pilgrims and their sail across the Atlantic have incorporated concepts related to communicable disease, and the relationship between food storage/preservation and disease (Hardin, 1974).

The school district that enjoys the services of a **certified health education teacher** is indeed fortunate. Such individuals augment the regular curriculum in imaginative ways and bring with them a strong commitment to the instruction of health content in the school setting. Whenever possible, the nurse should promote and facilitate the employment and utilization of health education teachers. Professional responsibility to the health of the whole child demands nothing less.

The most effective health education with teachers, parents, and staff is that in which the approach to information exchange is mutual and collaborative. There are instances, nonetheless, where nursing knowledge is especially helpful to other professionals and parents. **Teachers and other staff** frequently need assistance in **understanding student health problems and concerns**. As students come to school with a myriad of chronic illnesses and disabilities, the nurse will be consulted for explanation, reassurance, and direction. It is imperative that contemporary school nurses have current pediatric health care knowledge. As mentioned within Standard 1, update your library and involve yourself in home study to assure the accuracy of your knowledge of the pathophysiology of pediatric conditions and to ensure that you have a good understanding of the nursing role in varying conditions. Again, consultation may be sought from hospitals or schools of nursing.

As an example of the nursing role as client teacher, **teachers, staff, and parents** can be the recipients of nurse in-service related to their own health, and encouraged to engage in **self care**. **Additionally**, clients can be helped to improve the safety of the school setting through periodic education. Related to safety is emergency care and first aid readiness. It is an expected role of the nurse to take a lead in this area. Staff and older students can be instructed in cardio-pulmonary resuscitation as well as disaster preparedness and emergency evacuation procedures. *Every school setting should have at least one employee current in CPR and first aid who is on the premises at all times.*

Finally, parents need to know more about **student health concerns**, both the specific existing problems of their own children, and the importance of early recognition of potential health concerns. Specifically, parents may benefit from opportunities to learn more about such topics as substance abuse, child abuse, and accident prevention. Parents may also welcome positive approaches to **parenting**, which can be incorporated into nurse family life presentations or provided separately.

NASN Standard 9
Research

9	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES
STANDARDS OF CARE	
I.	Assessment: The nurse collects health data.
II.	Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III.	Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV.	Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V.	Implementation: The nurse implements the interventions identified in the plan of care.
VI.	Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.
STANDARDS OF PROFESSIONAL PERFORMANCE	
V.	Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.
VII.	Research: The nurse uses research findings in practice.

(ANA, 1991b)

9. The School Nurse Contributes to Nursing and School Health Through Innovations in Practice and Participation in Research or Research-Related Activities

CENTRAL THEME DEFINITION

Research refers to the conduction of statistically based studies, including surveys, assessments, and evaluations which may or may not utilize inferential statistics; to qualitative research studies; and to the utilization of research findings in practice.

RATIONALE

School nurses are among the most advantaged of all nurses, because their work setting is a natural place in which to study health problems, measure the effectiveness of programs, and contribute to a growing body of knowledge about nursing. The nature of school nursing, as also community nursing, lends itself nicely to measurement: since school nurses work with populations or target groups, *programs* (e.g., screening or health education programs) are devised to deliver nursing services to these groups. An expected result of program implementation is evaluation. School nurses also conduct school health needs assessments. Both program evaluation and needs assessments, as well as other school nursing activities, are forms of research.

There has been a clarion call for more research, for "clinical investigation" (Chauvin, 1991) by school nurses. Being able to measure activities is exceedingly important within school nursing. It tells the nurse whether the directions chosen are correct and provides accountability for much professional energy output by measuring outcomes. Further, it is unnecessary for nurses as a professional group to rely on research done by others. Reviews of nursing and school health journals elucidate many research studies done within the domain of school nursing but conducted by other professionals. The number of school nurses doing research and publishing their results is increasing, however. This is encouraging, and is undoubtedly reflective of a growing exposure to statistics and research courses as part of baccalaureate or master's degree programs. Doing research within the discipline strengthens all of nursing by building a body of *school nursing knowledge*, which school nurses can share. It also increases nursing's credibility in the world of education.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Identify issues of concern, patterns of health/illness, function/disability, recurring signs and symptoms, utilization patterns, or other phenomena as potential research questions.
B. Collect data in the school setting and relate the data to client health problems.
C. Compile results of needs assessments, surveys, pre and post tests, and program evaluations, and share with other school nurses, school administrators, boards of education, and others whose efforts benefit the school community.
D. Comply with existing school district policy regarding the conducting of research.
E. Use federal guidelines for the protection of human subjects in all surveys, assessments, evaluations, and other research.
F. Apply the results of research findings to the development of policies and procedures in the institution, to guidelines for client care, program development, professional development, and to staffing and institutional issues.
G. Collaborate with researchers from outside the educational system whose research aims have a legitimate health or educational purpose.

BUILDING TOWARD THIS STANDARD

Many nurses may find the notion of conducting research to be intimidating. Research is seen as something remote, abstruse, and not a part of "real" nursing. Yet these same professionals would agree that pre- and post-tests

are important when implementing a health education program, or that a needs assessment is appropriate as part of establishing the need for school-based clinic services. The problem may be, in part, that school nurses need to expand their vision of what is research to include the more commonplace activities of everyday school nursing life. Examples include **needs assessments, parent or teacher surveys, program evaluation, or the generating and compiling of statistics and statistical documents** for end-of-the-year reports. All of these activities are descriptive research.

Additionally, school nurses confront practice situations daily which lead to asking questions of themselves or of others. This Standard encourages the nurse to attempt to answer some of those questions or to seek out others who have the resources or abilities to do so. Should questions arise to which you don't know the answers, or if a survey or an evaluation you have done answers some questions but asks still bigger ones, locate some help in order to design a more sophisticated study. If you sense you are witnessing a change in some aspect of school nursing, the school health program or client care issues, would it be worthwhile to verify your suspicion in some way? **Asking a question or expressing a concern** is the beginning of a research study.

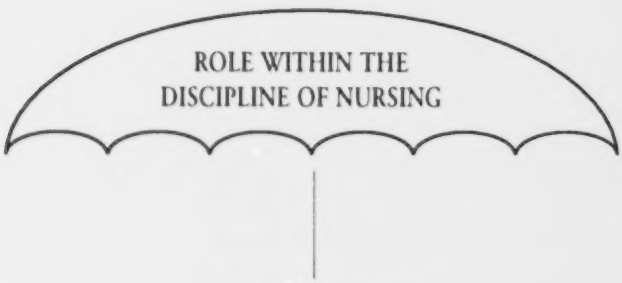
Begin by accessing resources available to you for your own study or use. Look at a good **nursing research text** to give yourself an idea of where you are going and what needs to be done. Reviewing a research text also assists in developing a mindset for research; reviewing **epidemiology texts** or chapters is a also a good way to expand your thinking in this area. Recommended texts are listed in the Bibliography in the appendix of this publication. If you plan to do fairly sophisticated statistics as part of your study, statistical programs designed for computer use will do your statistics for you.

Identify individuals who have research skills. Master's or doctorally prepared nurses or others in your school district can assist you with the research design. Nearby universities or colleges may have faculty who could be approached for assistance or who might like to do a study with you. Statisticians at these institutions may give you guidance as to the kind of statistics you will need, or they may do the actual computations for you. Several nurses within a district or a community may wish to cooperate in conducting a research study. Be sure to adhere to **federal guidelines for the protection of human subjects** whenever applicable (Code of Fed. Reg., 1986).

None of this precludes the return to school to **acquire your own research skills.** Most master's programs have the option of a thesis, which will allow you to learn research skills and statistics in order to conduct a study and write the thesis. Qualitative research is an exciting new frontier for school nursing. Qualitative research involves a nonstatistical approach to understanding problems and answering research questions. Seize the opportunity to pursue master's study if it is presented to you. You will not only gain valuable information, but, just as important, you will come out of the educational program feeling more competent and better equipped to conduct research.

Whether or not you conduct research studies, developing a **database** is important so that you can **generate statistics.** This subject was discussed under Standard 5, Program Management. Databases are valuable in school nursing beyond the level of schools or districts. Encourage your state school nurse organization to develop a database about the school nurses in your state using information garnered through membership applications, renewal notices, etc. This database could contain information about school nurses in the state who are members, the numbers of part-time or full-time nurses, the number of schools served by each nurse, the size of the school district, the educational levels of the school nurses in the state, the level of service (i.e., elementary, secondary, preschool, Special Education, etc.), and salaries, benefits, and other information which the association collects. A database might also assist in identifying similar information concerning nonmembers.

NASN Standard 10
Professional Development



10	ANA STANDARDS OF CLINICAL NURSING PRACTICE TO WHICH THIS SCHOOL NURSING STANDARD PARTICULARLY APPLIES

STANDARDS OF CARE

I. Assessment: The nurse collects health data.
II. Diagnosis: The nurse analyzes assessment data in determining diagnoses.
III. Outcome Identification: The nurse identifies expected outcomes individualized to the client.
IV. Planning: The nurse develops a plan of care that prescribes interventions to attain expected outcomes.
V. Implementation: The nurse implements the interventions identified in the plan of care.
VI. Evaluation: The nurse evaluates the client's progress toward attainment of outcomes.

STANDARDS OF PROFESSIONAL PERFORMANCE

II. Performance Appraisal: The nurse evaluates own nursing practice in relation to professional practice standards and relevant statutes and regulations.
III. Education: The nurse acquires and maintains current knowledge in Nursing Practice.
V. Ethics: The nurse's decisions and actions on behalf of clients are determined in an ethical manner.

(ANA, 1991b)

10. The School Nurse Identifies, Delineates and Clarifies the Nursing Role, Promotes Quality of Care, Pursues Continued Professional Enhancement, and Demonstrates Professional Conduct

CENTRAL THEME DEFINITION

Professional development refers to the process of role-taking, role-implementation, and role enhancement by the school nurse. It includes preparation for the role; its delineation, clarification, and actualization; the legal, ethical, and political parameters of practice; and elements of professionalism, particularly, promotion of quality practice, evaluation of nursing practice, continuing education, professional relationships, and professional comportment.

RATIONALE

School nursing practice *necessitates* a clear, confident understanding of school nurse role. That is, a deep, unequivocal, self-assured view of what is expected, what is possible, and what national organizations have defined as reasonable and common practice for school nursing. Without this vision, the nurse experiences considerable role confusion and is vulnerable to assuming role function assigned by non-nurses, or to underestimating the potentialities and the full, rich rewards of practice. Such misplaced role conceptualization can lead to years of misdirected nursing energy and neglect of critical client health problems. There is no single issue in school nursing as important as thoroughly apprehending the nature and potential of the nursing role in the school setting .

The nurse in the schools must be cognizant of the *relationship of nursing to the educational system* and must be able to articulate the mission of nursing within the context of education. At the same time, schools hire nurses because they are nurses and not educators, although a few states do require nurses to be certificated as teachers, as well. Retaining a nursing identity in a non-health care setting, while at the same time expanding a vision of health to encompass optimal wellness through optimal education, is a challenge.

It behooves the nurse to examine what are professionally agreed upon definitions of school nursing practice, to identify one's own philosophy (statement of beliefs) about school nursing, and to understand the school's position in relation to the health needs of its students. Such clarity and confidence will enhance the nurse's ability to cogently communicate nursing role to members of the school district, and expand the school's vision of the nursing role.

School nurses practice alone even if they are part of a school system employing more than one nurse. Obsolescence and isolation are therefore ever-present dangers; thus, the necessity for involvement in professional school nurse organizations and for continuing education becomes most important. The cognitive stimulation, networking, and collegiality provided by involvement in professional school nurse organizations are important sources of professional support and rejuvenation for any school nurse.

Because a school nurse is often the only health care professional in the school setting, evaluation of nursing practice may be done by persons with limited knowledge about the true nature of nursing. In order to secure a more accurate picture of one's practice, evaluation by another school nurse, or by oneself, is most important. Certain levels of accountability and responsibility must be maintained despite the absence of other nursing professionals.

MEASUREMENT CRITERIA

To incorporate this standard into a school nursing program, the nurse shall:

A. Identify a clear, confident role for nursing based on national standards of practice, national, state and local descriptions of school nursing, and a personal philosophy of school nursing.

B. Clarify personal values in preparation for school nursing practice.
C. Participate in the planning/design/ organization and location of the nurse's office or clinic as possible.
D. Utilize opportunities to ommunicate, clarify, and implement a defined role for nursing.
E. Market school nursing to administrators, boards of education, staff, and parents.
F. Project nursing program and staffing needs to decision-makers.
G. Demonstrate sensitivity to the politics and organizational structure of the school setting.
H. Develop position descriptions to guide the hiring, practice, and evaluation of nurses.
I. Utilize instruments to evaluate performance which appraise quality in nursing practice rather than effectiveness of programs.
J. Conduct self evaluation, promote nurse peer evaluation, and participate in the evaluation of self by others.
K. Demonstrate knowledge of the legal aspects of school nursing practice.
L. Practice school nursing with a consciousness of community nursing ethics.
M. Maintain professional responsibility, accountability, and behavior.
N. Participate in school nurse professional activities at local, state, and national levels.
O. Pursue continued professional growth and development through education and national certification.
P. Share professional perspectives with school nurse colleagues through professional publications.

BUILDING TOWARD THIS STANDARD

The most important thing you can do for yourself is to arrive at a comfortable, confident attitude with respect to your **role**. Begin with **state or national publications** which provide definitions of role and function. The National Association of School Nurses and the American School Health Association have more clearly defined school nurse role and function than have other organizations. Read and digest NASN and ASHA publications as well as relevant publications of the American School Health Association; the American Nurses' Association, Division of Community Health Nursing; the National Education Association; the American Federation of Teachers; the National Association of Pediatric Nurse Associates and Practitioners; the American Public Health Association, Public Health Nursing Section; and the National Association of State School Nurse Consultants. The more you read, the more you will see the same themes reappear. Reiteration of themes is significant, because it means several professionals representing various school nursing, nursing or school health organizations have separately, and at different times, identified the same concepts as significant for practice. Many long, thoughtful hours went into the products of these groups, and they will not only be of assistance to you, but also to your school administration who may have questions or be uncertain about aspects of your practice. Reviewing **local school nurse position statements** can assist you, as well. Other school nurses can offer insightful perspectives on role. Select potential school nurse mentors carefully, however. Talk with those who are admired, imaginative, and whose practice you would like to emulate.

Decide, then, on what you believe school nursing to be. Beliefs about school nursing constitute a personal **philosophy**. A philosophy is based on your **values**, your view of nursing, clients and health. What is nursing to you? What is school nursing to you? Sometimes, reviewing the early history of nursing and school nursing helps us reconnect with our reasons for choosing nursing initially. Susan Wold's book, *School Nursing: A Framework for Practice* (1981), describes the history of school nursing in the United States and Europe. The American Nurses' Association's *Nursing: A Social Policy Statement* is a provocative look at the nature of contemporary nursing (ANA, 1980a). Continue to clarify your values. What is your position with regard to sexually active adolescents? Abortion? Sex education? Racism? Why should the school have a role in health care? In primary care? In primary health care? What role should the school and society play with the new immigrants? What does health mean to you? Is it a right? Who is entitled to health care? What role should the federal government play, if any, in health care for children? Are we at a crisis point in the delivery of health care for children as Oda (1989) suggests, and what will it take to influence political decision-makers toward a national health policy? It is not necessary to alter your values. Rather, what is important is knowing what your values are.

Fundamental to conceptualizing your philosophy is the need to consider whether the school should be involved in **primary care**, **primary health care**, or both. *Primary care* refers to first-line medical and health care, controlled by the providers, but community-based and frequently accessible. Primary care

services do not guarantee essential services to everyone nor do they necessarily offer services at affordable costs to those without health insurance. They do, however, frequently provide services beyond the level of what is an "essential" level of care through referral and a systematic use of third-party insurers to cover cost. Primary care services may not focus as much on prevention and promotion as they do on curing and restoring, but will employ all the best technologies in the process of curing and restoring.

Primary health care, by contrast, refers to an array of *essential* services, those which the client cannot do without for a healthy life. These services are to be provided to every citizen, regardless of degree of health risk, and at a reasonable cost. Primary health care does not necessarily go beyond a guarantee of *essential* services, but does commit to access, equity, and affordability, with particular emphasis on "vulnerable populations" (Meleis, 1993). Primary health care services are both curative and restorative, as well as preventive and promotive (WHO and UNCF, 1978).

A key feature of primary health care is that governments (i.e., schools) are *involved* and *committed* to the health of the population. *Further, the system which delivers primary health care is integral to the entire health care system of the country.* Ideally, consumers are involved in the planning and delivery of care. Primary health care subscribes to a philosophy which aims to alter major *sociopolitical* barriers to achieving and maintaining health, such as poverty or unemployment. It would seem clear that most school nurses have been practicing primary health care for years. Those who are nurse practitioners practice primary care with a *primary health care philosophy*. They strive for universal access and affordability, espouse empowerment of the client, target those at risk for health problems—particularly preventable health problems—and promote remediation of social and economic concerns.

The location and utilization of your work space is important to consider. Organize your space to be as functional as possible. The arrangement of the nurse's office or clinic is a reflection of your philosophy. If a larger "suite" is available to you, plan the utilization, function and decor to the best advantage. Ask to participate in the design of the nurse's office or clinic for new schools under construction. Decide what you will call your place of professional activity. Will it be the nurse's office, the health office, the clinic—or other? If you see nursing in this setting as associated with the curative and restorative functions of care, "health," or "clinic," may be a more appropriate term for your space. On the other hand, nursing may be viewed as a discipline which assists the client to achieve optimal levels of health encompassing not only curing and restoration, but health and wellness promotion. "Nurse," then, might be seen as compatible with "health" and helping and not solely associated with illness or pathology.

The location of your space is also important. Is your work space situated so as to maximize collaborative efforts with others in the school? Are you conveniently located to promote ease of communication with other significant constituencies, such as administrators, other clinic personnel, or significant school support staff? Do students have easy access to your setting? Working toward these ends will result in physical space alterations which will enhance your practice and the mission of your program(s) by reducing your stress and promoting collegiality and collaboration.

In this tight fiscal time, physical space is sometimes an issue for school nurses. If space is inadequate in your setting, negotiate for a move to a different location, or, minimally, for an improvement in the space currently allotted to you. Having adequate space is critical to your providing the services you are hired to provide. Physical space is also power. Power, in the positive sense, is important for school nurses to cultivate. The way you are seen by others will have much to do with your effectiveness and the effectiveness of your program(s) in the school setting (Bays, 1991). A perception of yourself as an equal professional entitled to space and other professional courtesies is vital to your success.

Communicating and clarifying your role to others is an ongoing endeavor. School personnel have somewhat stereotypical views of nursing generated by media and notions of hospital nursing. Both the presentation of your education and your attire should be considered here. Initially, staff may not know your educational background. Introduce yourself and make it known to the staff what you can do. Use the initials "R.N." whenever possible. Such a designation is widely recognized by members of the public and, further, will dispel discussions about whether or not you are a "real" nurse. There is nothing presumptuous or egotistical about identifying yourself as a Registered Nurse. You have worked hard for the license associated with the title, and its use will enhance your efforts to be acknowledged and respected within the school setting. Similarly, the use of " R.N."

should be not be avoided because of multiple levels of basic nursing preparation in the United States, or because of your educational achievements beyond your initial nursing education. Your basic license is that of a nurse, and you should identify yourself as such. If you are proud of it, others will be as well. Additional certifications or degrees should be used, as you choose, in order to expand further understanding of your role. A name tag is a consideration as well.

Some school nurses feel that the use of a "lab" coat enhances their credibility and immediately identifies them as a health professional. Others feel that anything other than street attire creates a barrier between themselves and students. You may wish to try it both ways and assess the reaction.

Other ways to communicate your role and to enhance your visibility are to write a section for the school's parent newsletter, and to attend back-to-school night or open house. Volunteer for committee or school activities such as fund-raisers, etc. Visibility is important for understanding, for your image, and for developing a sense of belonging. Develop a mentality which says that you are as much a part of the school as anyone else. Then set out to become part of the school and to implement the role you have defined for yourself.

School nurses who are also **nurse practitioners** are becoming increasingly significant in the delivery of primary care and primary health care to students whose access to health care is limited or nonexistent (Igoe and Silver, 1984). These professionals divide their time between the generalist clinician function and the primary care function of school nurse practice (see "Contemporary Models of School Nursing," Chapter 2). (Additional reference to the nurse practitioner is made within Standards 1 and 5.) The nurse who also functions as a nurse practitioner will prompt the school district to readjust the way in which it views its mission. Studies have shown that nurse practitioners who do not prepare the school for a change in role are unsuccessful in operationalizing newly acquired skills. Districts must be prepared for the necessity of assuming greater liability and in cooperating with community physicians in the generation of standing orders. Both NAPNAP and NASN can assist the new school nurse practitioner in strategies to optimize role. Reading relevant position statements developed by both these organizations as well as *Recommendations for Delivery of Comprehensive Primary Health Care to Children and Youth in the School Setting* (ASHA, 1988) will facilitate clarification and direction. Telephone or write other nurses who are school or pediatric nurse practitioners in the school setting or who have been involved in the delivery of primary care for practical advice.

Any successful school nurse will have a finger on the political pulse of the school and will be **sensitive to the politics** of the school setting. Bringing about change is a tactful, deliberate, planned process which strategizes and achieves goals over time through relationships and political acumen. Such skill is useful in **projecting nursing/health program and staff needs** to appropriate administrators and in alerting them to emerging health trends and patterns. Nursing staffing should be based on student and program need rather than on enrollment numbers. That is to say, variations in socioeconomic level, in the number of students with special needs, in the number and complexity of multiproblem families, in the diversity of cultural groups served, in the number and nature of special programs within each school site, in the number of school sites served, and in the distance among and between schools all affect the amount of nursing time allocated to each site or to each program (Snyder, 1991). Nursing assignments that allow the nurse to do only the very minimal in care delivery to pupils, families and staff, fragment the minimal service delivered, undermine the ability of the nurse to build the relationships so essential for effectively serving in the school setting, and demoralize the nurse as a professional.

One of the more significant aspects of school nursing practice is communicating your role and function to **boards of education**. Making a presentation to your Board of Education requires forethought, planning, and political acumen. School district boards of education are usually elected officials who are barraged with requests for funding. The most compelling and substantive arguments have the most chance for success. Parents, pupils or staff can be asked to argue on behalf of nursing and school-based health care programs. Presentations should focus on the needs of students and families and avoid the appearance of self-service. Your presentation may be limited to a very few minutes. Remember that concrete facts are the most persuasive in backing up philosophical arguments. Within school districts, there are differing administrative procedures for accessing boards of education. Some school districts may have very informal systems, while others require consent, or presentation by someone other than the nurse.

Clarity of role function will be of benefit to you in the development of **position descriptions** and **vacancy announcements**. Again, professional association standard, and role definitions can be utilized to write an improved position description for your school setting. NASN, ASHA, and some state school nurse groups have position descriptions for the traditional clinician role (including the management function), and the primary care (nurse practitioner) role (CSNO, 1990; CSNO, 1991; NASN, 1992a; Snyder, 1991).

A well-written position description can serve as a **performance evaluation** instrument. School nurse performance evaluation should focus on the quality of the nursing performed by the individual. Evaluation limited to whether or not a nurse makes referrals, conducts screenings, or performs physical assessments only indirectly measures **quality of performance**. Evaluation instruments should reflect *how well* a nurse performs nursing function rather than whether or not a function was achieved.

An Evaluation Guide for School Nursing Practice Designed for Self and Peer Review (NASN, 1985) is an excellent instrument based on the earlier *Standards of School Nursing Practice* (ANA, 1983). Nurses are encouraged to utilize it in nursing performance evaluations alone, or in combination with other evaluative procedures. Nurses should evaluate themselves on an ongoing basis. When the school requires formal evaluation, a nurse peer may conduct the evaluation if no nurse supervisor is available, or to supplement a non-nurse supervisor evaluation. Frequently, nurses are evaluated by non-nurses. While some aspects of employee performance are generic to many service disciplines and may be appraised by a non-nurse, clinical knowledge, nursing diagnosis, judgment, action and intervention can only be appropriately evaluated by another nurse. The American School Health Association has authored a guide to assist the non-nurse administrator to evaluate nursing performance in instances where it is necessary (ASHA, 1987).

In these increasingly complex times, school nurses should access all **legal statutes** which affect practice. These would include federal law in relation to categorical programs, particularly Special Education and Chapter 1, state law governing nursing practice, state health and safety regulations, education codes, and any local codes which may apply. Particularly important for the nurse is knowledge of the state nurse practice act. There may be conflict between what is prescribed by the nurse practice act and what is required within state education statutes.

Side by side with legal aspects of practice are **ethical considerations**. Ethics is a branch of philosophy which looks at moral issues and principles guiding human action and seeks to resolve rather than solve dilemmas. Ethics may involve the application of principles such as Justice. The professional must do what is right according to a "Code of Ethics" for the discipline. In the case of school nursing, these guidelines are the *Code of Ethics with Interpretive Statements for the School Nurse* (NASN, 1990) and the *Code for Nurses with Interpretive Statements* (ANA, 1985). In other instances, ethical dilemmas may not have right or wrong absolutes. Rather, they involve conflict arising out of oppositional stances based on strongly held values. Resolution should be based on a knowledge of ethics. A comprehensive community health nursing text will have a chapter applying ethics to community nursing. Other ethics resources could also be consulted. Ethics in community nursing is different from ethics within hospital nursing because community nursing deals with populations as much as with individuals. The good of the group and the larger community is considered in addition to the good of the individual. The nurse might also consider the establishment of ethics committees in school districts, as hospitals have done. On the occasion when difficult decisions arise, the ethics committee could convene. This approach is sounder than relinquishing ethical decision-making to a single individual. Care must be taken by all concerned to sift out legal issues from ethical concerns and to deal with both accordingly. In the final analysis, it is most appropriate for the nurse to be involved in this arena, since many potential ethical dilemmas for schools involve pupils with physical or emotional health concerns.

Professional responsibility involves accountability for nursing actions and a willingness to take risks. School nurses should seriously consider carrying their own professional liability insurance in addition to liability insurance provided by the employer. The employer may have liability insurance but not necessarily of a nature to cover the nuances of nursing practice. Membership in NASN and/or NAPNAP provides access to professional liability insurance. Responsibility involves meeting deadlines, following through with professional commitments, and performing one's role competently and conscientiously. Professionalism is also demeanor and image. Dress and appearance should be in keeping with what is acceptable in your work setting (Bays, 1991).

Part of professional responsibility is contribution to the discipline through **participation in professional school nurse and other professional organizations**. Join your state school nurse association and become an active member. Join one or more national organizations and endeavor to attend their annual meetings. Membership in school nurse associations is valuable for your "mental health" and reduces the professional isolation which school nurses, in all roles, often experience. You might also consider activity in your local school nurse unit or collective bargaining unit. Professionalism is also keeping yourself current with developments in the field and, in general, continuing to advance your education as a lifelong professional commitment. You owe it to yourself to keep your mind and spirit invigorated with **professional growth and development** activities.

One measure of professionalism is national certification as a school nurse or school nurse practitioner. Certification validates your currency in the field. School nurse certification is currently offered through the National Board for Certification of School Nurses, originated by the National Association of School Nurses, and the American Nurses' Association Credentialing Center, also independent of its parent organization, the American Nurses' Association.

Finally, it is useful to consider from time to time where the future is taking us, or, put another way, where we will take the future. These are tumultuous times as regards public funding for health, education, and social services. The American Nurses' Association has developed a series of "white papers" examining the health care needs of individuals and families as we prepare to enter yet another century of human history. These papers, written by nurses within nursing specialties, are available from the ANA. Igoe and Giordano (1992) co-authored the paper for school nursing. Their penetrating look at the health needs of students and families, entitled *Expanding School Health Services to Serve Families in the Twenty-First Century*, is "must" reading for the new as well as the experienced school nurse. Their premise is the use of schools as either school-based or school-linked centers to provide primary care to *families* (also discussed in Standard 7). This concept would seem to be optimally effective if community health professionals with *public health views and visions* function as, or cooperate with, primary care personnel in the delivery of services to families.

REFERENCES

American Federation of Teachers, Council for Exceptional Children, National Association of School Nurses, & National Education Association (AFT, CEC, NASN, & NEA) (1990). *Guidelines and delineation of roles and responsibilities for the safe delivery of specialized health care in the school setting.* Reston, VA: Council for Exceptional Children.

American Nurses' Association (ANA) (1980a). *Nursing: A social policy statement.* Kearneysville, WV: American Nurses' Publishing.

American Nurses' Association (1980b). *Statement on school nurses working with handicapped children.* Kearneysville, WV: American Nurses' Publishing.

American Nurses' Association (1983). *Standards of school nursing practice.* Kearneysville, WV: American Nurses' Publishing.

American Nurses' Association (1985). *Code for nurses with interpretive statements.* Kearneysville, WV: American Nurses' Publishing.

American Nurses' Association (1991a). *Nursing's agenda for health care reform.* Kearneysville, WV: American Nurses' Publishing.

American Nurses' Association (1991b). *Standards of clinical nursing practice.* Kearneysville, WV: American Nurses' Publishing.

American Public Health Association, Public Health Nursing Section (APHA) (1981). *The definition and role of public health nursing in the delivery of health care.* Washington, D.C.: American Public Health Association.

American Public Welfare Association, Center for Law and Social Policy, Council of Chief State School Officers & Education Commission of the States (APWA, CLSP, CCSSO, & ECS) (1992). *Confidentiality and collaboration: Information sharing in interagency efforts.* Denver, CO: Education Commission of the States.

American School Health Association (ASHA) (1987). *Evaluating school nursing practice: A guide for administrators.* Kent, OH: American School Health Association.

American School Health Association (1988). *Recommendations for delivery of comprehensive primary health care to children and youth in the school setting.* Kent, OH: American School Health Association.

Association of Community Health Nursing Educators (ACHNE) (1990). *Essentials of Baccalaureate nursing education for entry level practice in community health nursing.* Lexington, KY: Association of Community Health Nursing Educators.

Association of Community Health Nursing Educators (1991). *Essentials of Master's level community health nursing education for advanced practice.* Lexington, KY: Association of Community Health Nursing Educators.

Bays, C.T. (1991). The school nurse: Enhancing professional recognition. *Journal of School Nursing, 7* (3), 18-24.

Brault, G.L. & Kissinger, L.D. (1991). Case management: Ambiguous at best. *Journal of Pediatric Health Care, 5* (4), 179-182.

Bulechek, G.M., & McCloskey, J.C.(1992). *Nursing interventions classifications* (N.I.C.). St. Louis, MO: Mosby Publishing Co.

By the year 2000 (1993). Sacramento, CA: California School Nurses Organization.

California Department of Education (CDE) (1990). *Not schools alone.* Sacramento, CA: California State Department of Education.

California Nurses Association (CNA) (1990). *Nursing standards for early intervention services for children and families at risk.* San Francisco, CA: California Nurses Association.

California School Nurses Organization (CSNO) (1990). *Guidelines for the recruitment and employment of the school nurse.* Sacramento, CA: California School Nurses Organization.

California School Nurses Organization (CSNO) (1991). *Job descriptions.* Sacramento, CA: California School Nurses Organization.

Carnegie Council on Adolescent Development, Carnegie Corporation of New York (1989). *Turning points: Preparing American youth for the 21st century. The report of the task force on education of young adolescents.* Washington, D.C.: Carnegie Council on Adolescent Development.

Carpenito, L.J. (1992). *Nursing diagnosis: Application to clinical practice.* Philadelphia, PA: J.B. Lippincott Co..

Chauvin, V.G. (1991). Clinical investigation: A vital part of school nurse practice. *School Health Watch, 3* (2), 3-5.

Code of Federal Regulations, Title 45, Section 46 (1986). *Protection of human subjects.* (USDHHS publication, June 3).

Cohn, S.D. (1988). Legal issues in school nursing practice. *School Nurse, 4* (1), 9-12.

Commission on Teacher Credentialing (CTC) (1989). *Standards of program quality and effectiveness for developing and evaluating programs of professional school nurse preparation in California.* Sacramento, CA: State of California, Commission on Teacher Credentialing.

Gamble, S.W. (1989, May). *Management on the defensive: Working successfully within a changing power structure.* Paper presented at the 26th International Hospital Federation Congress, The Hague, Netherlands.

Gregory, E. (1991). Nursing practice management. *Journal of School Nursing, 7* (3), 26-27.

Haas, M., Gerber, M.J.V., Kalb, K.M., Luehr, R.E., Miller, W.R., Silkworth, C.K. and Will, S.I.S. (1993). *The school nurse's source book of individualized healthcare plans.* North Branch, MN: Sunrise River Press.

Hardin, A. (1974, January). *Integrating health into the curriculum.* Unpublished manuscript as part of a course, Santa Rosa Junior College, Santa Rosa, CA.

Hughes, D. (1993, Winter). Managed care and Medi-Cal issues and concerns. *Public Health Watch,* pp. 5-6. California Public Health Association, North.

Igoe, J.B. (1980). Changing patterns in school health and school nursing. *Nursing Outlook, 28* (8), 486-492.

Igoe, J.B. (1987). *The role of the community health nursing specialist working with school age youth.* Unpublished paper, University of Colorado Health Sciences Center, School of Nursing. Denver, CO. (pp. 132-152).

Igoe, J.B, & Giordano, B.P.(1992). *Expanding school health services to serve families in the 21st century* . Washington, D.C.: American Nurses Publishing.

Igoe, J.B., & Silver, H.K. (1984). Improving health care in the school setting. *Nurse Practitioner,* Sept./Oct., 7-9.

Igoe, J.B., & Speer, S.E. (1992). The community health nurse in the schools. In M. Stanhope & J. Lancaster (Eds.), *Community health nursing: Process and practice for promoting health* (pp. 707-730). St. Louis, MO: Mosby-Year Book, Inc.

Lewis, K.D., & Thomson, H.B. (1986). *Manual of School Health.* Menlo Park, CA: Addison-Wesley Publishing Co.

Loveland-Cherry, C.J. (1992). Issues in family health promotion. In M. Stanhope & J. Lancaster (Eds.), *Community health nursing: Process and practice for promoting health* (pp. 470-483). St. Louis, MO: Mosby-Year Book, Inc.

Marriner-Tomey, A. (1989). *Nursing theorists and their work.* St. Louis, MO: C.V. Mosby Co.

McCarty-Marple, M. (1991). P.L. 99-457 and case management in school nursing. *California School Nurse,* Fall, 22-25.

Mehl, R., & Whisenant, J. (1990, June). *Computer use in the school health office.* Paper presented at the annual meeting of the National Association of School Nurses, New Orleans, LA. Also on audiocassette: (Cassette recording No. 5-71). Scarborough, ME: National Association of School Nurses, Inc.

Mehl, R., and Whisenant, J. (1992, June). *Computer use in the health office.* Paper presented at the annual meeting of the National Association of School Nurses, Philadelphia, PA. Also on audiocassette: (Cassette recording No. 8). Scarborough, ME: National Association of School Nurses, Inc.

Melaville, A., & Blank, M.J. (1991). *What it takes: Structuring interagency partnerships to connect children and families with comprehensive health services.* Washington, D.C.: Education and Human Services Consortium.

Meleis, A.I. (1993, January). *Primary health care: An international and national agenda.* Unpublished paper presented as part of primary health care seminars, *Primary care: Myths and realities.* University of California, San Francisco School of Nursing, San Francisco, CA.

Merrill, J. (1985). Defining case management. *Business and Health, 2* (4), 6-7.

North American Nursing Diagnosis Association (NANDA) (1991). *Classification of nursing diagnosis: Proceedings of the ninth conference* (R.M. Caroll-Johnson, Ed.). Philadelphia, PA: J.B. Lippincott Co.

National Association of School Nurses (NASN) (1981). *Guidelines for a model school nurse services program.* Scarborough, ME: National Association of School Nurses, Inc.

National Association of School Nurses (1982). *Health and developmental history and assessment (HADHAS) syllabus.* Scarborough, ME: National Association of School Nurses, Inc.

National Association of School Nurses (1985). *An evaluation guide for school nursing practice designed for self and peer review.* Scarborough, ME: National Association of School Nurses, Inc.

National Association of School Nurses (1988). *Philosophy of school health services and school nursing.* Scarborough, ME: National Association of School Nurses Inc.

National Association of School Nurses (1990). *Code of ethics with interpretive statements for the school nurse.* Scarborough, ME: National Association of School Nurses, Inc.

National Association of School Nurses (1992a). *Resolutions and policy statements.* Scarborough, ME: National Association of School Nurses, Inc.

National Association of School Nurses (1992b). [Survey of states: Educational preparation]. Unpublished data.

National Commission on Children (NCC) (1991). *Beyond rhetoric: A new American agenda for children and families.* Washington, D.C.: U.S. Government Printing Office.

National Commission on the Role of the School and the Community in Improving Adolescent Health (NCRSCIAH) (1990). *Code blue: Uniting for a healthier youth.* Alexandria, VA: National Association of State Boards of Education.

National School Boards Association (NSBA) (1991). *School health: Helping children learn.* Alexandria, VA: National School Boards Association.

Oda, D.S. (1989). The imperative of a national health strategy: Is there a political will? *Nursing Outlook, 37* (5), 206-208.

Oda, D.S. & Quick, M.J. (1977). School health records and the new accessibility law. *Journal of School Health, 47* (4), 212-216.

Packard Foundation, David & Lucile, Center for the Future of Children (Eds.). (1992). School linked services [Entire issue]. *The Future of Children, 2* (1).

Proctor, S.T. (1990). *Guidelines for a model school nurse services program.* Scarborough, ME: National Association of School Nurses, Inc.

Schultz, P.R. (1991, July). *Analyses of existing data in primary health care research.* Unpublished paper presented at primary health care seminar. University of California, San Francisco School of Nursing, San Francisco, CA.

Schwab, N. (1988, February). *Liability issues in school nursing practice.* Paper presented at the annual meeting of the California School Nurses Organization, La Jolla, CA.

Schwab, N. (1991). *Guidelines for documentation for school nursing.* Scarborough, ME: National Association of School Nurses, Inc.

Shyang-Yun Shiao, P. & McKaig, C. (1989). Categorizing school health office visits by nursing diagnoses. *School Nurse, 5* (3), 18-20.

Snyder, A.A. (Ed.). (1991). *Implementation guide for the standards of school nursing practice.* Kent, OH; American School Health Association.

Stanhope, M. & Lancaster, J. (1992). *Community health nursing: Process and practice for promoting health.* St. Louis, MO: C.V. Mosby Co.

United States Department of Education (USDE) (1991). *America 2000: An education strategy* (DE Publication No. ED 0591-13). Washington, D.C.: U.S. Government Printing Office.

United States Department of Health and Human Services, Public Health Service (USDHHS, PHS) (1991). *Healthy people 2000: National health promotion and disease prevention objectives* (DHHS Publication No. (PHS) 91-50213).

Wagner, D. (1987). Client case management. *Caring, 6* (2), 12-13.

Western Interstate Commission on Higher Education (WICHE) (1985). *The preparation and utilization of new nursing graduates.* Boulder, CO: Western Interstate Commission on Higher Education.

Whaley, L.F., & Wong D.L. (1991). *Nursing care of infants and children.* St. Louis, MO: Mosby-Year Book.

Williams, C.A. (1991). National health policy: Preparing students and faculty for community health nursing in the year 2000. In T.R. Misener & M.J. Hickman (Eds.), *1991 papers: State of the art in community health nursing education, research, and practice* (pp. 4-8). Lexington, KY: Association of Community Health Nursing Educators.

Williams, C.A. (1992). Community-based population-focused practice: The foundation of specialization in public health nursing. In M. Stanhope & J. Lancaster (Eds.), *Community health nursing: Process and practice for promoting health* (pp. 244-252). St. Louis, MO: Mosby-Year Book, Inc.

Winget, P. (1993). ADA, IDEA expand opportunities and inclusion. *The Special Edge, 7* (4), pp. 1, 10. Resources in Special Education (RISE), Calif. Department of Education and Calif. State University, Sacramento.

Wold, S.J. (1981). *School nursing: A framework for practice.* North Branch, MN: Sunrise River Press.

Woodruff, G., & McGonigel, M.J. (1988). Early intervention team approaches: The transdisciplinary model. In J.B. Jordan, J.J. Gallagher, P. Hutinger, & M.B. Karnes (Eds.), *Early childhood special education: Birth to three* (pp. 163-181). Reston, VA: Council for Exceptional Children.

World Health Organization & the United Nations Children's Fund (WHO & UNCF) (1978). *Primary health care: Report of the international conference on primary health care, Alma-Ata, USSR.* Geneva, Switzerland: World Health Organization.

APPENDIX A

GLOSSARY

CERTIFIED SCHOOL NURSE(CSN)
The registered trademark of the National Board for the Certification of School Nurses.

CONTINUITY OF CARE
An interdisciplinary process that includes clients and significant others in the development of a coordinated plan of care (ANA, 1991b).

CRITERIA
Relevant, measurable indicators of the standards of clinical nursing practice (ANA, 1991b).

HEALTH EDUCATION
A process which seeks to improve the quality of life by helping people establish patterns of living based on knowledge, attitudes, values, and practices that will enhance optimal health and delay the onset of disease.

I.E.P.
Individualized Educational Program

I.F.S.P.
Individualized Family Service Plan

I.H.P.
Individualized Healthcare Plan or Individualized Health Plan

INTERDISCIPLINARY TEAM
A functioning unit composed of individuals with varied and specialized training and expertise who coordinate their activities to provide services to and solve specific problems with clients (Adapted from ANA, 1983).

LEVELS OF PREVENTION
Primary: Health promotion and specific protection.
Secondary: Early diagnosis and prompt intervention to limit disabilities.
Tertiary: Rehabilitation activities (ANA, 1983).

NURSING
The diagnosis and treatment of human responses to actual or potential health problems (ANA, 1980a).

REGISTERED NURSE CERTIFIED (R.N.C.)
The certification trademark of the American Nurses' Association. Certification is conferred by the ANA credentialing center.

SPECIALTY STANDARD
An authoritative statement enunciated and promulgated by those within the professional specialty by which the quality of practice, service, or education can be judged (Adapted from ANA, 1991b)

STANDARD
An authoritative statement enunciated and promulgated by the profession by which the quality of practice, service, or education can be judged (ANA, 1991b).

STANDARDS OF NURSING PRACTICE
Authoritative statements that describe a competent level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. Standards of clinical nursing practice include both standards of care and standards of professional performance (ANA, 1991b).

STANDARDS OF CARE
Authoritative statements that describe a competent level of clinical nursing practice demonstrated through assessment, diagnosis, outcome identification, planning, implementation, and evaluation (ANA, 1991b).

STANDARDS OF PROFESSIONAL PERFORMANCE
Authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal, education, collegiality, ethics, collaboration, research, and resource utilization (ANA, 1991b).

TRANSDISCIPLINARY TEAM
A unit composed of professionals from various disciplines who, with the parent and care giver as a full partner, conduct comprehensive developmental assessments together; develop service plans based on family priorities, needs, and resources; and who assume responsibility for how the primary service provider implements the plan. Transdisciplinary teams make a commitment to teach, learn, and work together across discipline boundaries (Adapted from Woodruff and McGonigel, 1988).

Appendix B

Bibliography

American Academy of Pediatrics (1981). *School health: A guide for health professionals.* Evanston, IL: American Academy of Pediatrics.

American Academy of Pediatrics (current edition). *The red book.* Elk Grove Village, IL: American Academy of Pediatrics.

American Red Cross (current edition). *American Red Cross standard first aid and personal safety.* Garden City, NY: Doubleday & Co., Inc.

Bates, B. (1991). *A pocket guide to physical examination and history taking.* Philadelphia, PA: J.B. Lippincott Co.

Bates, J.D. (1990). *Writing with precision: How to write so that you cannot possibly be misunderstood.* Reston, VA: Acropolis Books.

Bays, C.T. (1984). *An elementary school health fair planning guide.* Sacramento, CA: Author.

Behrman, R.E., & Kliegman, R. (1990). *Nelson: Essentials of pediatrics.* Philadelphia, PA: W.B. Saunders.

Benenson, A. (1990). *Control of communicable disease in man.* Washington, D.C.: American Public Health Association.

Benjamin, A. (latest). *The helping interview.* Boston, MA: Houghton-Mifflin Co.

Bleck, E.E., & Nogel, D.A. (1982). *Physically handicapped children: A medical atlas for teachers.* New York, NY: Grune & Stratton.

Bomar, P.J. (1989). *Nurses and family health promotion: Concepts, assessment, and interventions.* Philadelphia, PA: W.B. Saunders.

Buttaravoli, P.M., & Stair, T.C. (1985). *Common simple emergencies.* Bowie, MD: Brady Communications Co., Inc.

Combs, J.A., & R., S.C. (1990). Creating a healing environment: Nurse case managers address pregnant teenagers' needs-physical, emotional, and spiritual. *Health Progress,* May, 38-41.

Friedman, G.D. (1987). *Primer of epidemiology.* New York, NY: McGraw-Hill Book Co.

Friedman, M.M. (1992). *Family nursing: Theory and practice.* Norwalk, CT: Appleton & Lange.

Guttmacher, A., Institute (1989). *Risk and responsibility: Teaching sex education in America's schools today.* New York, NY: Alan Guttmacher Institute.

Lookingbill, D., & Marks, J. (1986). *Principles of dermatology.* Philadelphia, PA: W.B. Saunders.

Lynch, A. (1982). *Redesigning school health services.* New York, NY: Human Science Press.

Martin, K.S., & Sheet, N.J. (1992). *The Omaha system: Applications for community health nursing.* Chap. 11: Use in school health settings (pp. 228-240). Philadelphia, PA: W.B. Saunders.

Mutti, M., Sterling, H.M., & Spalding, N.V. (1978). *Quick neurological screening test.* San Rafael, CA: Academic Therapy Publications.

Newton, J. (1984). *School health handbook.* Englewood Cliffs, NJ: Prentice-Hall, Inc.

Nieswiadomy, R.M. (1993). *Foundations of nursing research.* Norwalk, CT: Appleton & Lange.

Olivas, G.S., Armanasco, V.D.T., Erickson, J.R., & Harter, S. (1989). Case management: A bottom-line care delivery model. *Journal of Nursing Administration, 19* (12), 12-17.

Palfrey, J., Hayne, M., & Porter, S. (1988). *Children in educational settings assisted by medical technology: Guidelines for care.* Boston, MA: Project School Care, The Children's Hospital.

Polit, D.F., & Hungler, B.P. (1987). *Nursing research: Principles and methods.* Philadelphia, PA: J.B. Lippincott Co.

Schmitt, B.D. (1980). *Pediatric telephone advice.* Boston, MA: Little, Brown, & Co.

Scott, S.M. (1990). The white cap faces a new challenge: Exploring the changing role of the rehabilitation nurse specialist. *Journal of Rehabilitation,* Jan., Feb., March. 15-16.

Seller, R.H. (1993). *Differential diagnosis of common complaints.* Philadelphia, PA: W.B. Saunders.

Silver, H.K., Kempe, C.H., Bruyn, N.B., & Fulginetti, V.A. (1990). *Handbook of pediatrics.* Norwalk, CT: Appleton & Lange.

Spradley, B.W. (1991). *Readings in community health nursing.* Philadelphia, PA: J.B. Lippincott Co.

Strauss, A., & Corbin, J. (1992). *Basics of qualitative research.* Newbury Park, CA: Sage Publications.

Swanson, J.M., & Albrecht, M. (1993). *Community health nursing: Promoting the health of aggregates.* Philadelphia, PA: W.B. Saunders.

Thomas, C.L. (Ed.). (1989 or latest) *Taber's cyclopedic medical dictionary.* Philadelphia, PA: F.A. Davis Co.

Trucano, L. (1985). *Students speak.* Seattle, WA: Comprehensive Health Education Foundation.

Valanis, B. (1992). *Epidemiology in nursing and health care.* Norwalk, CT: Appleton & Lange.

Wallace, H.M., Patrick, K., Parcel, G. & Igoe, J.B. (Eds.) (1992). *Principles and practices of student health,* Vols. 1, 2, & 3. Oakland, CA: Third Party Publishing.

Whitman, N., Graham, B., Gleit, C., & Boyd, M. (1992). *Teaching in nursing practice: A professional model.* Norwalk, CT: Appleton & Lange.

Wilson, H. (latest). *Introduction to nursing research.* Menlo Park, CA: Addison-Wesley Co.

Woods, N.F., & Catanzaro, M. (1988). *Nursing research: Theory and practice.* St. Louis, MO: The C.V. Mosby Co.